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ABSTRACT

This paper reports on seven day care centers established through the Southeastern Day Care Project to provide state child welfare agencies with experience in developing day care programs and providing program administrators with information for program planning and development. The project was funded by the Donner Foundation and the Office of Child Development. Dissemination of information about the programs and training for day care staff members were other project goals. Part I is an overview of project philosophies and objectives concerning location, staffing, costs, and related services of centers. Part II reports on how well centers established through the project satisfied project objectives for children. Specifically considered were these topics: who was served, how well the total child care needs in one family were met, length of enrollment and withdrawal reasons, children's progress on developmental objectives, infant progress, the social and personal adjustment of school age children in the programs, and children's progress on health objectives. Part III considers the project's objectives for families, specifically: how well enrollment purposes were met, changes in family income, training for family members, strengthening of parent child relationships, how living patterns changed, and progress on family problems. Part IV reports on parent involvement in and commitment to the program. Part V reviews the fulfillment of community objectives. Included are 68 tables. Appendices include evaluation instruments and records, and project forms and publications. (SB)

THE SOUTHEASTERN DAY CARE PROJECT'S EVALUATION REPORT

Supported by a grant from the William H. Donner Foundation and matching funds from the Social and Rehabilitative Service under Title IV-A of the Social Security Act

SOUTHERN REGIONAL EDUCATION BOARD
130 Sixth Street, N.W.
Atlanta, Georgia 30313

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FOREWORD

In 1969 the Southeastern Day Care Project was conceived and planned by a combination of persons from the William H. Donner Foundation, the U.S. Office of Child Development, the Social and Rehabilitation Service and the child welfare directors of the eight southeastern states. The Mental Health Program of the Southern Regional Education Board was invited to participate and play the role of coordinator, evaluator and training consultant for this unique three-year project to demonstrate to the states how they might provide quality day care for poor families under public funding.

This is the report of that project with special emphasis on the evaluation results of those day care programs on the children, families and communities that participated.

Throughout this project we have appreciated the wholehearted support of the state child welfare divisions, the individual day care program directors and their staff and the staff of the Region IV Office of Child Development and Social and Rehabilitation Service.

We are especially grateful for the financial support from the William H. Donner Foundation and for the personal time and support given to meetings by Mr. Kurt Windsor of the Foundations Board and by its two presidents Dr. Franklyn Johnson and Dr. Donald Rickerd.

In the evaluation work and preparation of this report we wish to acknowledge the special efforts of Dr. Eva Galambos, associate project director for evaluation and Becky Cheek and Janet Smith, project assistants.

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PART I

THE SOUTHEASTERN DAY CARE PROJECT PHILOSOPHIES AND OBJECTIVES

Project Origins

The Southeastern Day Care Project (SDCP) was conceived in 1969 when the staff and board of the William H. Donner Foundation became concerned about the problems of providing quality day care for children. The staff approached Mr. Jule Sugarman, then acting director of the U.S. Office of Child Development, about this concern. Mr. Sugarman and others of the staff of the U.S. Department of Health, Education, and Welfare were aware of plans for a rapid expansion of publicly-funded day care. The use of private funds to provide the matching funds to obtain federal money under the 1967 provision of Title IV-A of the Social Security Act was just beginning. The states of the Southeast (Region IV of the Department of HEW) had little experience in using public funds for day care, but they needed to obtain this experience and develop their policies and procedures for the time when the anticipated expansion would come.

Accordingly, after meetings with the child welfare directors of the eight states of Region IV,* it was agreed that a three-year regional demonstration day care project would be developed, using money from the William H. Donner Foundation for the local share to be matched with 75 percent federal funds as a joint funding mechanism. The major objectives of this cooperative project were as follows:

1. To provide each participating state child welfare agency with firsthand experience in developing day care programs under Title IV-A tailored to fit that state's specific needs.

2. Through cooperative and comparative cost-effectiveness data, to provide program administrators with information which they could use for future program planning and development.

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*The eight states are Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.

3. To provide information and methodology necessary for the various states to carry out education and training programs for the day care manpower.

4. To disseminate information about these programs, the evaluation findings and the training resources to these states and to day care programmers throughout this region and the nation.

The Donner Foundation wished to have a coordinated project and approached the Southern Regional Education Board with whom they had worked previously about being the project coordinator. The SREB is an interstate compact organization of the 14 southern states concerned mainly with facilitating higher education through regional action. The Mental Health Program of SREB has a special interest in human service programs such as day care and agreed to assume the coordinator role for this project.

The primary advisory and coordinating body for the project was the Southeastern Consortium for Child Care, which consisted of a representative of the Welfare Commissioner from each of the eight states. Usually this was the administrator of services to children and families. This group met frequently with SREB project staff and with representatives of the Department of Health, Education, and Welfare, both the Social Rehabilitation Service and the Office of Child Development. This group also was the means by which the experiences and findings were immediately fed back to the states and used in the further expansion of day care.

Under the financial arrangements for support of the project the Donner Foundation made equal grants to each of the eight state welfare departments. The states in turn put up this money as the local share for 75 percent matching funds under the Title IV-A program. With this sum of money, each state provided the kind of day care program that it felt was most appropriate for the state. The SREB efforts in coordination and training evaluation were in turn supported by individual contracts with each of the state welfare departments.

Each state developed its own program as a Section 1115 demonstration project in accordance with what it saw to be its own needs and agency procedures. It was understood that the state programs would be practical demonstrations of needed, quality day care services for families eligible for the Aid to Families with Dependent Children. The emphasis was on demonstrating quality programs that could be replicated and carried on even after special funding was no longer available.

The individual state programs were these:

Alabama. Alabama contracted with the University of Alabama at Tuscaloosa to experiment with group day care for infants. There was a need for such a service and the state had new licensing standards for infant care which needed to be tested. The program was used for academic teaching and research as well as to provide direct infant day care services.

Florida. Florida implemented a state-operated group day care program for preschool and school-age children in a poor section of Jacksonville. This center served as a demonstration program for the entire state.

Georgia. Georgia had already decided that the state would not directly operate day care programs. Accordingly Georgia contracted with a private-for-profit organization, Family Learning Centers, Inc., to provide a comprehensive day care program for a specific inner-city area of Atlanta.

Kentucky. Kentucky felt that its greatest need was to educate people throughout the state about day care and to improve existing day care through training. The state also placed stress on educating local social service workers about the potential of day care, not only as a service for working mothers, but as a child welfare resource. Their program consisted of a mobile demonstration van and a team of educators who traveled throughout the state.

Mississippi. Mississippi used a community organization process to develop a state-operated day care program for infants and preschoolers in Columbus, Mississippi. This was expected to be a demonstration for the rest of the state.

North Carolina. North Carolina had a somewhat different need from the others. The state already had money for the purchase of day care for children for whom the state had responsibility, but services that met the standards for purchase were not available. Therefore the state decided to upgrade the existing programs in two counties, (Cumberland County at Fayetteville and Union County at Monroe) by concentrating on training and loan of equipment and supplies. In return, the local centers agreed to make a certain proportion of day care spaces available to county-funded children. In addition, the North Carolina project proposed to develop county-operated programs. The training program was planned to be a resource that would provide statewide training as well as training for the two target counties.

South Carolina. South Carolina took over an existing program that had been inadequately funded by a local group in a public

housing project in Columbia. The program plan provided not only group and family day care services but also social work and homemaker services for families in the local housing project.

Tennessee. Tennessee also developed a demonstration day care program in cooperation with the Belmont United Methodist Church in Nashville which made space and utilities available. Since the goal was to serve all the day care needs of the families, the program provided center care for pre-school and school-age children with satellite family day care homes for children under three years of age.

Philosophies and Objectives of Day Care

In the early stages of the Project, a literature search, consultation from child development experts, and meetings with the Consortium showed that while there was overall agreement that day care was a good thing, there were very few overall philosophies and objectives that were universally agreed upon. Some persons felt that day care was predominantly a baby-sitting service wherein the children received good care and protection while their mothers worked. Others insisted that the major goals of day care were to increase the language and cognitive skills of children in order to prepare them for the regular public schools. There were marked differences of opinion about the extent to which families as well as children were to be involved and served. Other differences centered around whether health services were to be included, and whether and how the community at large was to be involved. In the areas of family day care, infant day care and school-age day care, there was very little experience or opinion since these services had been very little examined or developed in most communities.

Thus many early Project activities were devoted to establishing the philosophies and objectives for day care under the Southeastern Day Care Project. Activities included workshops of specialists in child development, the state directors of child welfare services, and prospective users of the day care services of the Project.

In the course of these discussions the philosophies of the SDCP were defined thus:

Day care might be provided through centers, family homes or after-school programs. It might serve children from infancy through age 13. It might be provided by state operated programs or private groups through a contract agreement. Regardless of the method of delivery, day care would have the following philosophies:

1. Day care is a total child, family and community resource.

2. For children day care enhances the total child's development - physical, intellectual, emotional and social, as well as provides basic care and protection. All of these aspects of the child's development need to be carefully planned and periodically assessed.

   a. Day care should promote his physical development, develop his physical skills (running, climbing), assist in correcting any significant physical problems and encourage the application of appropriate preventive health measures.

   b. Day care helps the child to develop social competence in relating to adults and peers and helps make the child more attractive and appealing to his family and friends by developing his social skills (consideration for others, manners, cooperation.)

   c. Day care encourages the child in his emotional growth and control and in the use of psychological skills (expressiveness, maleness and femaleness, self-sufficiency) and assists in correcting any behavioral problems.

   d. Day care provides the child with opportunities for the cognitive learnings which are so crucial during the early years and enhances his learning skills (ideas, words, colors, numbers, problem solving).

3. For families day care offers support and guidance to their child-rearing activities and to the total family's social functioning.

   Day care aims to enhance and expand the family's relationship to the child; it does not substitute, compete with or disparage the role of parents.

4. For communities day care serves as a resource for improving child development programs and offers support for more effective functioning of all of its members especially young families, their employers and the agencies with whom they have business.

Other characteristics that were felt to be desirable in the provision of day care services were:

a. Whenever possible, day care should meet all of the day care needs of a family so that parents do not have to relate to several different day care agencies.

b. Day care should be neighborhood oriented and within walking distance of the majority of families.

c. Children in day care should not be segregated by race or socioeconomic levels.

d. Staff should be representative of the families served, and parents and neighborhood people (men and women) should be given an opportunity for employment as staff.

After these overall philosophies were agreed on, it was necessary to set specific objectives in each of these areas. Project staff were surprised at the extent to which many day care experts often described their objectives in terms of resources used in the day care program or the process used in the program rather than in terms of the outcomes for the children and their families and communities. Thus objectives might be described as "to spend at least $2,000 per child per year" or "to have all qualified staff workers with proper academic credentials" or "to meet the Federal Interagency Day Care Standards" or "to provide a Montessori child development program."

The SDCP differed, formulating detailed objectives for day care in terms of specific behaviors to be expected of children, families and communities as a result of having participated in a day care program. Specific objectives were established:

1. For children, including items related to physical growth, social interaction with other children and adults, self-help skills, cognitive growth and hygiene skills.

2. For families, including child-rearing practices and total family functioning.

3. For communities, interacting with the day care centers and offering network services to children including the day care program.

These are described in greater detail in the SDCP publication entitled The Southeastern Day Care Project, Its Philosophy and Objectives, and they are specifically listed in the appropriate sections of Part II of this report, describing the evaluation findings of the Project.

Evaluation of Day Care

Effectiveness. Following the definition of the philosophies and objectives of day care programs the SDCP was faced with the need to decide what measures would be used to evaluate the day care programs' success - its effectiveness. Since the objectives had already been set in terms of outcomes to be expected for children, families and communities, it was logical that the measures of change of the programs would somehow relate to those outcomes. Here again the Project was faced with differences of opinion regarding how to proceed. In the past the most common approach to measurement of changes has been to develop and administer special tests of such things as reading readiness and language skills which are administered by specialists in typical "before" and "after" examinations. These are then scored, weighed and analyzed. The SDCP staff decided that such procedures, while professionally acceptable, were not appropriate for use or understanding by day care program directors or by public agency staff; these procedures belong more appropriately to research rather than to evaluation. What was needed was a scale of everyday behaviors, based on the objectives, that could be observed and rated by day care staff and social workers at the start of a child's program and again at periodic intervals. Such a rating system might then be used by the day care programs and fund sources as a tool to decide wherein the program was and was not meeting its objectives and to indicate possible changes that might help toward meeting these objectives.

Thus measures were developed to determine the details of what happened to children, families and communities as outcome indicators related to the objectives already defined by the Project. Some of the indicators are items that are readily measurable such as a child's height, weight and the family's progress toward obtaining necessary immunizations. Other indicators are based on the observations and judgment of staff such as how the child or family related to other children and adults. Still other indicators have "unobtrusive measures" in which a measure uses a kind of behavior such as parent signatures on a guest book to infer the extent of parent involvement in a day care center.

The forms relating to child outcomes monitored the children's progress in all the major developmental areas. Their physical and mental health was followed through updated health records and anecdotal records kept in the child's folder and in family case records.

Further information about the children's ratings is given in the SDCP publications Southeastern Day Care Project Rating Forms and Evaluating Children's Progress.

Progress of families relative to the objectives of the Project was followed through a close reading of case records and through monitoring "unobtrusive measures" such as the guest books for parent meetings and the children's attendance records with reasons for absences.

Outcomes on the community involvement of the programs were followed through special "contact reports" which logged all incoming vistors and all outside contacts with the community.

In the remainder of this report the evaluation staff has made a determined effort to focus on the outcomes of the day care programs for children, families and communities. These are the effects or results of the programs, the indicators of their effectiveness. Yet, as in any social science analysis, the SDCP cannot claim that there is a direct cause and effect relationship between what the day care programs did and the results that were obtained. This must remain speculative since concurrent observations do not prove cause and effect.

Efficiency. The SDCP staff was also aware of the need to measure that other dimension of service systems, namely efficiency. What were the relative costs, manpower requirements etc. in the process of achieving the results or effects? The staff also developed definitions of terms; and schedules and forms for reporting process items - how to fund, how to operate, how to staff, what is included in a program and what it all costs.

The remainder of this report describes the evaluation findings of the day care programs and is presented in five sections. Section 1 deals with issues and the process of delivering day care and presents the experiences of the SDCP relative to these issues. Section 2 focuses on the outcomes found for the children who were served by the Project. Section 3 describes the outcomes for families while Section 4 analyzes findings relative to parent involvement in the day care programs themselves. Section 5 describes community involvement in the seven states where this was one of several objectives, and in Kentucky where community involvement was the major focus of the Project.

SECTION 1: ISSUES ON DELIVERY OF PUBLICLY-FUNDED DAY CARE

Delivery of publicly-funded day care involves many options and issues. Major issues deal with (1) who should be eligible for publicly-funded day care, and given limited resources, which families and children should have priority, and (2) how can day care best be delivered to those who receive priority. The experience of the SDCP has some implications for these issues.

Priority for Whom?

The SDCP was guided in its enrollment policies by several objectives that affect who would be served. One was to meet family needs for day care to enable adults to work or to improve their economic condition. Another was to meet total child care needs of any one family, so parents would not have to use different services for different children. Another was to employ parents of enrolled children; this, if fully pursued, implies staff turnover as children outgrow the need for day care. An important objective was to seek an ethnic and cultural mix of children to enrich the experience of all. Overriding all these objectives were the federal guidelines which delineate eligibility for social services under Title IV-A funding.

Public policy formation is heavily influenced by current social perspectives. At one point, day care was seen as an intervention strategy to close the gaps in achievement between middle class and deprived children. "If all children could somehow be exposed to sophisticated early childhood education programs, the gaps could be overcome." This was then seen as a rationale for day care. But another idea was that day care could be the vehicle through which mothers on welfare might be able to take jobs, thereby breaking the welfare cycle.

These clear-cut answers of course oversimplify complicated reality. Day care is not the vehicle through which all welfare mothers can suddenly become employed at a level that permits independence. The SDCP found that this goal was achieved for some, but by no means all. The Project did find that through day care many low-income employed mothers were enabled to continue working. (See Part III, Section 1.)

Neither is day care the global solution to overcoming deprivation. Although for many children in the Project, objectives in all the developmental areas were met, there were those who did not succeed in the cognitive area as well as had been hoped. Moreover, even those who see the early childhood education component as the

overriding rationale for day care have never maintained that an all day program, or one that meets every day, is necessary to provide the cognitive aspect of day care. (See Part II, Section 4.)

Given the limited resources in the SDCP programs (and all other public programs), even where enrollment policy clearly favors the objective of enabling mothers to work, there are still problems on who has priority for service. Clear priorities for working mothers, or those in a training program leading to work, run into problems such as a WIN trainee who has finished her course, and cannot find a job. Does one then separate her child from the program? Also, do all the children of one family have priority for service, so that one mother may have her total child care needs met in a convenient manner? Or do preschoolers of several mothers have first call on day care, leaving infants or young school-age children to be served in some other way, if at all? (See Part II, Section 2.)

Serving an ethnic and socioeconomic mix of children is also an objective of many day care programs. This mix is difficult to obtain if priorities are strictly defined and eligibility limited. The provision that non-eligible families pay for participation in the program through fees was possible in the SDCP programs since families paid only part of the program costs. The per child costs are too high for any of the non-eligible families to have paid the full cost of service. (See Part I, Section 4.)

The SDCP experience has no final answer to the ordering of objectives which may sometimes result in conflicting decisions on which child has priority for enrollment. The findings of the Project, however, do provide some guidance on the feasibility of the various objectives.

Delivery System Options

The most basic question about how day care should be delivered is whether public funding for day care should go to the program or to the consumer of the service, or to both. Should the subsidized parents be given vouchers to purchase licensed day care, or should the public agency fund programs for eligible populations? Or, if licensed day care is not available, should public funding be used (1) to upgrade programs to meet licensing requirements and (2) to subsidize the consumer in his choice of service? Further, if the delivery option is to fund programs, the question becomes whether the service will be provided directly by a public agency (such as state or county) or whether the operation will be contracted to other (third) parties to provide the service.

There was no deliberate attempt in the design of the SDCP to test all of these options, but in effect, and more or less by coincidence, the states experimented with several of these possibilities. North Carolina is an example of a state which sought to upgrade non-agency operated programs from which it then purchased care for individual children. Also, it has established publicly-operated programs administered through county government.* Kentucky decided to concentrate on community public education to improve and increase day care services generally. This would increase the day care operations for purchase of care of individual slots.

In Florida, Mississippi, South Carolina, and Tennessee, the state welfare departments, through their appropriate divisions, operated programs directly. In Alabama and Georgia, the states contracted with third parties for service--a university and a private-for-profit corporation respectively. There are important issues that speak for and against the various options.**

Public Agency Operated Day Care

The experiences of public agencies operating their own programs illustrate both advantages and disadvantages of this option.

Obvious advantages of state and/or county operated day care include the availability of certain resources that cannot be tapped by privately-sponsored programs. The USDA food program is the most outstanding example. The USDA reimbursement in the publicly-operated programs accounted for a major proportion of food budget, thus freeing funds for other functions. This resource is also available to private non-profit programs. But, the private-for-profit program could not avail itself of this resource, nor could the university as it was participating in another food program. Several publicly-run programs were also permitted to purchase supplies and equipment through the General Services Administration,

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*The SDCP did not fund an entire agency-operated program in North Carolina. However, it has monitored a county-operated program there, to which the North Carolina Project contributed training funds.

**One issue deals with the philosophical question of whether public agencies "should" be in the business of competing with the private sector in providing a service. The Project makes no value judgments in this area.

which provided a considerable savings. (This resource, however, is no longer available with changed federal regulations.)

In the SDCP, the programs operated by public agencies had a much lower absolute and relative cost of management and administration than the contracted services. The percent that this function represented of the total budgets of the state operated programs during the last year of the Project ranged from 11 percent to 16 percent. The two contracted programs, on the other hand, required 26 percent and 30 percent respectively for management and administration.* This difference may be a little overstated. The publicly-operated programs had personnel management, payroll and bookkeeping expenditures in state and county offices that were not allocated to day care. However, none of the state directors of child welfare units indicated they used even a single additional person because of management functions relating to the day care programs they were operating. If a network of programs was operated directly by the public agency, extra costs would occur and would tend to reduce the magnitude of the difference found in management and administration costs. Still the magnitude of the difference found in the SDCP indicates that, of a given sum, more was spent for direct service functions in the public agency operated programs than in the contracted programs.

Greater efficiency of the private sector, relative to that of public agencies, is sometimes alleged to be a reason for contracting with third parties for day care service. To prove greater efficiency of one or another delivery option, it is necessary to have a measure of the quality of a unit of day care. At the present time there is no reliable measure of the quality of day care per standard child day or hour, whether provided under private or public auspices. Although it is impossible to measure efficiency of state versus non-state operated programs, it is possible to describe events and characteristics that affect efficiency.

Merit Systems

State-operated programs encountered some problems often associated with government. The necessity of using merit systems caused many delays. Sometimes individuals who were deemed to be

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*The contracting agencies typically require a specific overhead allocation on the budget for administration and management. The private-for-profit sponsor will also require a mark-up for profit.

well qualified could not pass merit system exams. At other times "clearing the register" took so long that when finally accomplished, available applicants for jobs were already employed elsewhere. The discrepancy between test requirements and the job's duties and functions sometimes seems incongruous.

Sue, Jane and Mary all applied for the paraprofessional teaching jobs in October, 1970. They had worked previously in Head Start. The director was pleased with them, and felt they would succeed in the SDCP program. She wanted to employ them. They now had to pass the merit system test. The system had selected the teacher aide test as the one that would be appropriate for the new jobs in the day care center. Despite repeated efforts, these apparently qualified women could not pass the test. The merit system then suggested the Family Services Assistant position test. Maybe they could pass that. This did turn out to be the magic key through merit system procedures. But by the time this was accomplished, four months had passed, including two months when children were waiting to be enrolled, but had to await employment of paraprofessionals to fill staff ratios.

A request to upgrade the day care position of social worker to a supervisory and administrative level was pending in state offices for two months. By then the applicant who had successfully passed the test was no longer available. The decision was made to go through the existing social worker register. Twenty-five applicants were interviewed before someone was found who was available and wanted the job. Altogether the day care program was without a social worker for over a year.

The director was well pleased with the maid employed in the program. The maid likes her job. Yet both were worried whether she would be continued on the job. The maid was required to pass a merit system test, with English and math questions. This she had not been able to do. Yet the state merit system regulations do not permit a person to work more than 450 hours when not on the register. What happens after 450 hours?

The custodian was not performing satisfactorily; however, the process of employing a replacement was extremely complicated. Even with an emergency appointment that skirts the state merit register the clearance

of a person through the various forms and appointment procedures requires two weeks. Available, desirable custodians normally want employment today--not two weeks later.

Purchasing Through The State

Other problems encountered in direct provisions of day care by public agencies deal with purchasing of supplies and equipment. When one state-operated center needed to purchase supplies and material for upkeep and maintenance, a simple task turned into a major problem on more than one occasion. For example, when the center needed black enamel paint for the rusting burglar bars they called a local outlet to reserve four quarts and to find out the price. The store salesman assured them that he would reserve the paint for them. A requisition was prepared by the center and a week elapsed until a purchase order was issued. The center director rushed over to pick up the paint only to find the salesman had forgotten to set aside the paint, and the store had sold out and did not expect any more soon.

The requirements for triple bids slow up purchases especially where a great variety of minor items are concerned. Initial authorization of something as simple as a petty cash fund for incidentals for the director of the day care center took time to accomplish. Staff attendance reports required daily for a state office far removed from the center, and reports to school lunch programs itemizing the weight of each meal's ingredients, by individual servings, epitomized bureaucratic procedures.

It is possible, of course, that the snags of merit systems and of purchasing and management procedures encountered in a state's first attempt to run a day care program would be overcome if the state would provide a network of services or provide services over a long period of time. Indeed, as the Project ended, the state experiencing the most snags on purchasing small items succeeded in establishing a petty cash account for small purchases. But, with the requirements of public accountability, the expansion of service from one to a network of programs might only multiply the administrative requirements which quickly become bureaucratic.

Contracting for Service

The experience of the SDCP along the other route--contracting with a third party for a program--demonstrated other problems. In contracting with a profit-making third party, how should overhead and profit be defined for the contracted service? If overhead is

to be paid as a percentage of the third party's administrative overhead, the public contractor is at the mercy of how much or little the party spends on its overhead. In the SDCP this proved very expensive. Computation of overhead as a percentage of the other expenditures for the contracted day care service offers more protection to the public agency.

If a set amount is to be paid for the total service, presumably including estimated profit, the private firm assumes the risk of actually earning the profit depending on whether costs were correctly predicted. However, this process may run the risk that the program operator will cut costs on essentials to produce more generous or even just minimum profits. The agency's recourse under such a contract would depend on whether it could prove that terms of the contract defining service or outcomes for children and families were not met. The ultimate recourse for an agency is non-renewal of the contract. Start-up costs, however, are a large investment, thereby reducing the option of non-renewal if there is a question of terms not having been met. Agencies may be forced to renew undesirable contracts rather than again lay out start-up funds for a different firm.

The contract which specifies profit as a percentage of other expenditures in the contract is actually a "cost-plus" one, that guarantees a profit to the operator. While it overcomes the danger of cost cutting at the expense of service, this provision does not compel cost consciousness on the part of the third party. An upper limit of public funds available to be disbursed on a contract serves as a partial constraint on such a "cost-plus" contract. It does not, however, offer constraint in the economic sense of promoting the "best quality" service for the most children.

The assumed efficiency of the private sector might have been demonstrated by the SDCP if the privately-operated programs had experienced shorter start-up time for their programs than the public programs. However, there is no evidence in the SDCP of such an occurrence.

Start-up time may be variously defined. The interval between submission to HEW of the "Section 1115" proposal* and actual enrollment of some children is used herein. This is appropriate because

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*The Section 1115 is the HEW form for applying for a research demonstration grant. The SDCP used this form to apply for waivers from certain requirements in state plans, not for funding.

extensive consultations between regional HEW and state staff preceded 1115 submissions, so that, for practical purposes, submission date rather than the approval date best describes when program plans were approved. The time intervals do not differ between state-operated and contracted programs.

	Time Elapsed Between Submission of "1115's" and Enrollment of Some Children
Ala.	5 mos.
Fla.	7 mos.
Ga.	5 mos.
Miss.	4 mos.
S. C.	Took over ongoing program
Tenn.	3 mos.

(N. C. is not included on this list since the program monitored in this evaluation was only partially funded by SDCP. There, some children were enrolled 11 months after a director was employed.)

The above description of time elapsed fails to reflect delays in submissions of 1115's after the general approval of the SDCP. Generally, the more parties involved, the slower was the submission of the state's proposed plans and subsequent implementation. Where the state and a private contractor, or the state and a county were involved, in addition to the federal government, there were more parties between whom agreement had to be reached, which tended to delay the process.

Purchase of Care

Provision of publicly-funded day care by purchasing day care slots for eligible children in existing programs could have advantages:

1. It could preserve consumer choice. Under a purchase of care system, the WIN or otherwise eligible mother may choose where she wants her child placed, provided that required standards of quality were met.

2. It could enhance the probability of a racial and socio-economic mix of children in a center. Under the present federal regulations, when public funds support a total program rather than buying individual slots, most of the children have to meet certain welfare eligibility

standards. Slots, though, may be purchased for eligible children regardless of the composition of the rest of the enrollment. Theoretically, this would insure a mix. However, in reality the location of the day care center in a segregated neighborhood may limit real choice.

3. It could reward day care programs that have struggled to provide care to disadvantaged children before the advent of public funding. Purchase of slots could strengthen existing day care programs rather than competing with them by opening new, publicly-funded ones. It may preserve and strengthen the efforts of non-profit groups who have in the past provided day care for low fees to children who needed it.

Often a strong deterrent to purchase of care with public funds is the lack of day care programs that will meet federal interagency standards. Moreover, low limits on state or county payments for purchase of care may (1) prevent purchase of care in the best available programs and (2) inhibit the development of quality care because the payment is too low. The North Carolina project opted to increase and improve the range of day care services offered in Cumberland County, so that there would be new opportunities from which the county could purhcase slots for eligible children.

Cumberland County

The North Carolina project centered its efforts in two counties. In Cumberland County (Fayetteville), North Carolina, many children eligible for publicly-supported day care were served in day care that did not meet interagency standards. When the project began in July, 1970, there were only two centers in the entire county that met the standards and could be used for purchase of care. Of the 309 slots the county purchased in July, 1970, for eligible children, 292 were child care arrangements in homes not approved prior to the two centers being certified for purchase of care.

By subsidizing supplies and equipment and providing training and technical assistance, the project has added eight centers, four family day care homes, and one small group home to the list of facilities certified for purchase of care. This expansion has meant that care can now be bought not only for daytime hours but also for night, weekend or emergency care. Service during these odd hours had not previously been available. It has also added slots for infants. At the end of the project, Cumberland County was purchasing 236 approved slots in these facilities, as compared to the 17 slots available in facilities in 1970. (See Table I-1.) One of the centers added in Cumberland County is a new county-operated facility in a housing project.

The subsidies were limited to items that could be recovered from the centers if certification was lost, or if purchase of care for eligible children was discontinued. This meant that no subsidies could be given for salaries or for anything attached to the buildings. By helping programs to buy children's and other furniture, small and large appliances, toys, books and records, center budgets could be freed for salaries and building improvements. The type of subsidies received by the various facilities is summarized in Table I-2. Original purchase of care rates which the county was authorized to pay facilities, and the rates now being paid are shown in Table I-1.

The project helped programs to formally analyze their costs in order to document the need for higher rates from the county for purchase of better quality care. A serious constraint, however, on raising purchase of care rates has been the need to keep the rate at levels low enough so that fee-paying families can also afford to buy the service. The regulations that establish purchase-of-care rates also specify that these are the rates to be paid by families whose incomes do not permit a subsidy. A purchase of care rate in excess of $188 per month would be too burdensome for a limited-income family ineligible for public subsidy.

Recognizing that many mothers choose individual care arrangements (ICCA) for their children, the project in Cumberland County determined that it could improve these arrangements by providing a pool of trained workers in the community. These were widely used by WIN trainees for care of their children while they were in training. A training program for ICCA's of 10 sessions, during 5 weeks, covered these aspects of child care: schedules for a child's day, homemade equipment, art activities, first aid, health, nutrition and child development. After the change in WIN regulations limiting the duration of WIN training to three months, the training of ICCA's was changed to one orientation session. By the end of the project, 80 ICCA's had participated in the training. A survey was conducted in November, 1972, on the then current activities of 49 ICCA's who by that time had successfully completed the course, with the following results:

Individual Child Care Of WIN or AFDC Children	Working in Certified Family Day Care or Small Group Home	Working in Day Care Centers	Private Child Care
9	4	6	11

Parent	Other
8	11

TABLE I-1

PURCHASE OF CARE FACILITIES
Cumberland County, N.C.

Facility	Date When Purchase of Care Began	Current Purchase of Care Rate	Number of Slots Purchased 7/1/70	Number of Slots Purchased 6/30/73
John Wesley Kindergarten*	10/69	$ 88.00 mo.	8	36
Mt. Sinai Day Care Center*	10/69	82.00 mo.	9	50
Day Care Center for the Mentally Retarded	9/70	125.00 mo.	0	6
McDaniel St. Day Care Ctr.	9/71	85.00 mo.	0	8
College Heights Kindergarten	9/71	115.00 mo.	0	14
Gracie's Day Care Center	6/71	100.00 mo.	0	20
Murchison Townhouse Center	7/72	122.00 mo.	0	20
Eason's Nursery - Small Group Home				
Maynor's Family Day Care Home	7/72	80.00 mo.	0	1
Foy's Family Day Care Home	8/72	80.00 mo.	0	4
Smith's Family Day Care Home	10/72	80.00 mo.	0	3
Campbell Terrace Center	1/73		0	54
Snyder Memorial Center	3/72	75.00 mo.	0	10
Gray's Creek Center	9/71	75.00 mo.	0	5
Hunt's Family Day Care Home	10/72	80.00 mo.	0	5
			17	236

*Original Purchase of Care Rate - $43.00

TABLE I-2

EXPENDITURES TO ENRICH PURCHASE OF CARE PROGRAMS
Cumberland County, N.C.
1971-1973

	Children's Furniture	Full Size Furniture	Toys	Small Appliances	Large Appliances	Books, Records
McDaniel Street Day Care Center	$ 722.50	$1,086.04	$ 588.75	$ 211.90	$ 488.50	$ 191.22
Murchison Townhouse Center	631.50	494.10	208.79	283.45	---	126.31
Eason's Nursery - Small Group Home	253.05	53.90	133.64	---	362.46	7.25
Maynor's Family Day Care Home	65.80	51.99	79.90	---	---	11.90
Mt. Sinai Day Care Center	1,252.75	950.30	898.30	787.87	1,571.05	251.12
College Heights Kinder-garten	2,309.45	2,101.15	857.06	911.68	2,223.60	400.57
Gracie's Day Care Center	973.80	494.30	390.82	331.50	1,211.11	265.17
John Wesley Kindergarten	1,819.94	1,916.24	719.25	407.76	1,075.76	176.25
SUBTOTALS	$8,204.49	$7,318.46	$3,969.96	$2,934.16	$6,932.67	$1,429.79

County-wide Training Materials - $2,616.76

GRAND TOTAL - $33,406.29

Implicit in the North Carolina project's objective of increasing the number of providers from which it could purchase good day care is the objective of generally improving the quality of day care in the community, whereby spaces previously not suitable could be upgraded for purchase of care with federal subsidies.

The inventory of project activities in Cumberland County, over the three years, designed to improve day care is impressive. For these activities see Exhibit V-1. The SDCP was careful from the inception to evaluate progress toward meeting objectives not from inputs or activities, but from the outputs these activities hopefully affect. Thus it is not enough to enumerate that training and technical assistance took place, except as they are valuable activities that leave a mark. Rather, it is necessary to study the output, or quality of day care produced before and after the added activities. Toward this purpose, the Learning Institute of North Carolina was asked to assign professionals in early childhood development to rate 10 existing facilities in Cumberland County in 1970, before any impact of the training and technical assistance might have been expected. These same facilities were rated again in 1973 to assess their current status. The rating form designed by the SDCP and used in the assessment is shown as Appendix A.

The 1973 ratings at the end of the project involved two centers where no slots have been purchased through public funding, and eight facilities in which the county is heavily involved in purchase of slots for children eligible for social services. The two centers in which no "subsidized" children are served were rated "poor" in 1970 and again in 1973. Of the other eight centers, two were rated "excellent" both initially and in 1973; two were rated "fair" in both periods; and two were initially rated "excellent," but only "fair" at the end of the project. Two centers from which the county purchases services were not initially in operation but are now considered "excellent" and "fair" respectively.

Raters point to many specific improvements in the eight subsidized centers, particularly regarding the availability of equipment, physical facilities, and outdoor space. The overall ratings given to centers heavily reflect the degree of staff involvement with children's activities, and the degree of individual stimulation to facilitate each child's development rather than providing homogeneous, rote programs to which all the children must suit themselves. Where ratings do not show an overall mark of excellence, the failings relate to lack of staff interaction with children as individuals. A general comment of the raters is that quality day care depends tremendously on the kind of "support service" staff receives on the interpersonal aspects of providing care. If this support is absent, "the quality of interpersonal relationships deteriorates over time."

Union County

The second county in which the North Carolina project centered its activities is a rural area where no center was certified for purchase of care at the inception of the project. Three facilities have been developed there. One is a county-operated facility (Winchester) established as a training site for day care providers and related personnel. Two other centers were assisted through subsidies.

The primary focus of the project in the Winchester Day Care Center was use of the facility as a training site. In its initial funding request the narrative stated: "We propose to use Donner funds to develop the building as a major training center for workers from across the state. Funds would be used to facilitate training by the development of observation rooms, sound equipment, allow for future use of television monitoring and taping for training purposes, upgrading equipment for infant care and other related facilities."

The site chosen for this training was a building formerly used as a school. When the project was funded in 1970, the building was in disrepair. Union County had decided the building would be renovated to house a county-operated Title IV-A day care program, and a number of other social service programs. The county and state jointly provided the 25 percent local matching funds for the day care program. Union County was involved through its contributions in funding the training component. This included limited project financial assistance in equipping the center so that it would become a model facility, and financial sponsorship of training personnel to coordinate the training at the site.

Union County employed a day care center director in January, 1971, to organize the program, and to assist other centers in the county. The next twelve months were spent in making extensive renovations. During much of this time a substantial portion of the day care center staff was employed. Children were not admitted until January, 1972, awaiting completion of remodeling and delivery of equipment.

The training component was slow to materialize. A training director was employed in July, 1972. The training observation booths were completed by that time, although the sound system had not been installed. A misunderstanding over the need to take triple bids delayed a decision on installing the sound system. The firm initially contacted in 1971 to advise on the sound system finally obtained the bid to do the work in April, 1973. As the project ended, the sound system had not been completed.

Also as the project ended, training on a regular basis, with a full schedule of groups coming in for training and observation as originally envisioned, had not yet materialized. Participation

in North Carolina by both the state and the counties in funding day care has resulted in various staff layers and committees, all seeking to promote and improve day care. Also community colleges provide training both in formal credit programs and on various levels and the different available resources have perhaps contributed to the uncertainty as to who has responsibility for training, whom and how. This uncertainty affected the Winchester training program. As late as March, 1973, or three months before the end of the SDCP, the Winchester training staff invited county and state staff with responsibilities in the field of day care from all over the state to attend a "planning" training session. The major focus of the meeting, in addition to discussing the new federal social service eligibility regulations, was a delineation of training needs the site would fulfill. This mirrors the confusion on who would train whom and for what, including the problem of who would bear the financial burden for the expenses of day care trainees while attending training sessions. Seemingly, responsibility for these questions could fall to the central office. Groups observing and training workshops held are enumerated in Exhibit V-1.

Summary

At the project's conclusion the state directors of child welfare units were asked for their frank assessment of the alternatives of agency-operated, third-party contracted, or purchase of day care slots.

Representatives of the states with SDCP agency-operated day care felt strong hesitation about expansion to more agency-operated programs. Although they were pleased with the experiences gained in operating a single demonstration program, particularly as a training site for relevant staff, they did not wish to extend day care through a network of agency-operated programs. The restraining factors they each described leading to this conclusion all relate to the rigidities of state government or "bureaucracy." Although several states, by virtue of the project, have gained a series of job classifications specific to day care, employment procedures still constitute a major hurdle to solving day care "crises" as they occur. One state director succinctly explained her hesitation to move from one very successful operation to a wider network of agency-operated centers: "We could handpick the staff of one center. We could never duplicate the personal knowledge of enough individuals to staff many centers, and it's the quality of the center director and her immediate staff that determines the outcome of the programs." Moreover, this director explained that although the merit system in that state is designing a competitive examination for center director, it is still highly problematical whether a sufficiently discriminating test can be developed that will identify successful center directors.

Although the negative prevailed, there was some positive support for expansion of agency-operated day care. In the state where the agency-operated program is operated by the county instead of the state, the project director stated that the quality programs tend to be the agency-operated ones, "but if we had to go through state procedures on hiring and purchasing, the agency-operated program would be hamstrung. There is more flexibility at the county level." As a countervailing argument, however, it was pointed out that injecting a third administrative level to publicly-funded day care (federal, state and county) tends to exacerbate problems with lines of authority and delegation of responsibility.

A distinction was also made between operating and certifying and/or licensing in regard to state or county responsibility. Several directors point out that while counties or local government might have more flexibility in operating programs, they are often too close to various pressures to be delegated authority for licensing or certification of programs. However, even this conclusion was not a clear-cut one, since in one of the SDCP states day care licensing has been a local function, and the anticipated state licensing may well contain less stringent standards than some existing county regulations.

In final defense of state-operated day care it was pointed out that the problem of operating day care within the rigidities of state bureaucracy may lie with the personality of many involved in day care. "The kind of personality attracted to day care just doesn't seem to relate to regulations! That doesn't mean they or we can't learn."

In reaction to the negative prospects for expansion of agency-operated day care, support was stronger for contracted day care. If contracts could be written tightly enough, and if monitoring of service provided under the contract could be improved by the states, the contract alternative would be generally acceptable. It was readily admitted, however, that states have much to learn about the monitoring role. Although this role is particularly important with third-party contracting, it also plays a part in agency-operated or purchase-of-care day care alternatives. States involved in the SDCP readily admitted that their usual monitoring consisted only in checking whether contract inputs had been met. "We know whether they have the staff they promised, and if they have the specified qualifications in the job classifications. We don't have ways of evaluating the effects on children and families. This is an area in which we need help."

Purchase of care was also an option that encourages marginal programs operated by nonprofit programs. "We certainly don't want to drive out the churches and other nonprofit groups who were in day care before we were, by siphoning the low-income children into agency-operated programs."

One of the strongest points made was the plea for a mixture in publicly-funded day care programs. "We find that when you have agency-operated, purchase-of-care, and third-party contracts in the same community, parents have the greatest choice, and each option presents healthy competition to the others."

SECTION 2: LOCATION AND SETTING OF DAY CARE

A. Family Day Care

In considering the settings in which to provide day care, the most important alternatives are day care centers, or family day care (fdc) homes. The SDCP put great emphasis on concurrent demonstration of both types of day care. However, of 656 children enrolled in the total project during the three years, only 12 percent were in fdc homes. The project stressed family day care for several reasons:

1. The most frequent arrangements working mothers have made for their children in the past have been in their homes, or in homes of relatives or neighbors. Elizabeth Prescott in her Comparative Assessment notes that of the children in formal day care arrangements, 84 percent were in family day care and 16 percent in center care.* This choice may reflect a lack of other options. On the other hand it may also reflect mothers' preferences which need to be respected when new day care programs are designed.

2. Family day care has some inherent advantages. Prescott and Jones have described ways in which center or group care, as compared to family day care, may inhibit the full range of a child's development.** Among others, they cite the "regulatory force on activities and behavior," "more impersonal child-rearing environment," and "lack of individual attention" as possible disadvantages of group care. Prescott's Comparative Assessment rates family day care high on providing a tangible environment, privacy, mobility in activities, and "spontaneous imitation and termination" by the child of activities.***

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*Elizabeth Prescott, Group and Family Day Care: A Comparative Assessment, Washington: Children's Bureau, 1972, p. 2.

**Elizabeth Prescott and Elizabeth Jones, "Day Care for Children," in Children, March-April, 1971, p. 54.

***Elizabeth Prescott, A Comparative Assessment, p.8.

3. Family day care offers the child a manageable environment and provides for choice in activities ranging from quiet, independent periods to intellectual activity. There is some concern that the unorganized nature of family day care means that the quality of educational efforts fluctuates from home to home. Many homes do not have well-formulated plans or specific educational materials. However, when family day care is part of a system, assistance can be offered to fdc mothers in using materials and in enriching activities to enhance cognitive development of children.

4. Family day care has a constellation of benefits beyond those of providing for healthy development of the child. The fdc mother is fully employed in an activity which allows her important self-expression. For the child's parent, the day care arrangement can serve almost as an extended family. The day care mother may be able to subtly help the child's mother learn about child rearing. Both women may find a happy day care arrangement cuts isolation often felt in urban environments. The individually negotiated, neighborhood level on which each fdc arrangement is made may also insure the day care arrangement reflects the common value system of the child's home and neighborhood.

5. Some states do not permit the placement of infants in centers, so that family day care constitutes the only possibility of licensed service for these children.

6. Family day care may turn out to be less expensive than center care. Organizing day care in a home may require lower start-up costs and may perhaps be more economical to operate. Infant care and night care cost no more than preschool care when provided in the fdc setting. In centers, these specialized demands cause costs to soar. Another benefit is that of the favorable adult/child ratio. Thus family day care approaches the pattern of care the child would receive in his own home, without putting costs out of reach. Additionally, federal funds cannot be spent on construction or renovation, making existing structures such as homes more attractive. A cost liability, though, is the problem that licensing family day care homes is more costly.

Family day care homes can be operated advantageously in conjunction with center care. The programs of the SDCP demonstrated this system approach. The resources provided by the center (intake,

training, purchasing, social service, program enrichment and parent organizations) were all extended to those in the family day care homes on the same basis as to the centers.

Arrangements were made so fdc mothers could attend in-service training at the centers. (See Highlights from a Worskhop on Family Day Care, SDCP Bulletin No. 6.) Integrating center resources and specialists into the family day care program overcomes isolation of fdc mothers, but preserves the advantages of family day care. Training programs for fdc workers can give them a chance to ask specific questions and exchange practical experiences. This free exchange permits workers to teach each other, to learn from training staff, and to guide training staff in creating sessions and materials specially tailored to fdc needs.

For example, in Tennessee, graduate students in child development provided training sessions in the fdc homes. The fdc mothers enjoyed the training sessions and were receptive to the ideas introduced. The trainers observed that the fdc mothers thought of themselves as teachers not as babysitters and found the quality of care praiseworthy.

The total day care system approach gives options for moving children from small to larger groupings depending on their needs at different times, and permits relief for a family day care mother for training, emergency or other reasons. Locating the fdc homes near the center can offer further advantages. In Georgia, because the fdc home was across the street, food was prepared in the center kitchen and carried there. Parents who had to go to work before the center opened were able to drop their children off at the fdc home. Sharing resources and ideas, and providing care when the fdc mother is unable to work, are facilitated when the center and fdc home are close.

Actual experience of the SDCP in providing family day care follows:

Five states had originally planned to develop family day care homes as part of their demonstrations. Although each of these states did develop homes, some fell below their stated objectives.

Family Day Care Objectives of the SDCP by States

	Original Objective	Age Groups	Results on Objectives: No. of FDC Homes	Results on Objectives: No. of Children Served in FDC during SDCP
Ga.	2 homes	infants	for only 6 mos.	3
Ky.*	10 homes	all ages	no record	no record
N.C.*	4 homes	no record	5	no record
S.C.	5 homes	all ages	2	17
Tenn.	5 homes	infants & toddlers	5	55

The state projects encountered many difficulties in developing family day care homes. Initial recruitment of family day care mothers did not bring the expected response. This was particularly true in South Carolina and in Georgia. In Georgia, notices were passed out throughout the neighborhood to canvass prospective fdc mothers. There was almost no response, and of those who responded none could be qualified.

In South Carolina, low fees ($12.50 per week per child), initially paid in full only when a child was present five days, may have deterred prospective fdc mothers. The regulations there were finally changed to $12.50 a week per child regardless of the days present. However, this still was not incentive enough for women in the public housing units where the South Carolina project was based. Since rentals in these units are pegged to occupants' income, the fees from family day care might result in increased rents.

In Tennessee, where five fdc homes had been organized and operated during the second year of the Project, the fees the state paid per child were also $12.50 per week. However, an additional $25 weekly retainer was paid the fdc mother to guarantee her availability when children were identified as needing care. Under this

*Not to be funded by the Project, but to be encouraged and/or subsidized by the Project.

system (applicable only in the SDCP's Tennessee fdc homes), a mother caring for 3 children besides her own would receive $62.50 per week, or $12.50 times 3, plus the $25 retainer. This was attractive to neighborhood women, including some who had higher earning potential but who wished to be home with their own children while supplementing family income.

The low $12.50 per child would net somewhat higher weekly incomes if an fdc mother could depend on a full complement of children at all times of the year. The logistics of matching children to fdc homes, however, are often complicated. Regulations that prohibit placement of more than two or three children under two or three years in a home, transportation to the home, and the location of prospective enrollees relative to available fdc mothers all impinge on matching possibilities, and often result in fdc mothers having vacancies. The larger the system of fdc homes, the greater the possibilities of overcoming these matching problems.

The most serious impediment to development of family day care in the Project states was licensing requirements. Unrealistic sanitation or fire code requirements, relating to such items as vinyl covers and vented stoves, often designed for larger institutional settings, and inflexible standards relating to fencing, use of basements, upstairs areas, and the households' beds, cannot cover the multitude of circumstances existing in all possible housing units. The absurdity of rigid requirements in fdc homes was demonstrated in one of the states where the fdc mother could get around the lack of a fence only by specifying that she would sun her babies in the center's fenced playground in the vicinty. The reality of the situation, of course, was that she seldom had time to take the children to the center's playground, and that she did care for her infants in the yard outside her own back door.

In another situation, an fdc license was held up for months while a zoning application was pending and while the local health department haggled over which institutional requirements could be waived in a home.

The housing authority in a city served by one of the SDCP centers refused to even consider fdc homes in its units. Yet this is where a great need for service was identified. The experience of the SDCP suggests day care in housing projects is an issue that needs more public attention and action.

After considering the problems of licensing fdc homes, the SDCP suggested that registration of fdc homes might be more appropriate. Such a system would require women to register with the local agency the fact that they are providing day care. Through this registry a census of providers would be formed for agency

outreach and for women needing day care. At the point of registration, agency people would be able to describe to women good day home care and offer technical assistance. Thus, the legal licensing process would not be involved in the essentially neighborhood service of family day care.

The regulation that, of the children enrolled in an fdc home, no more than two or three may be infants assumes that it is more difficult to care for four or five infants than for a mix of infants and older children. With the difference in schedules and activities of infants and older children, this assumption may not always be valid. With the dearth of community resources for day care for infants, there is often a demand for family day care for infants who cannot be accommodated with this restriction.

One criticism sometimes leveled at family day care is that it is transitory, that children tend to be exposed to a constantly changing stream of caretakers. In the SDCP, of the 12 fdc mothers employed by the programs, 58.3 percent were still employed by the centers in the Project. The average length of employment for fdc mothers at the time they were separated was 17.1 months and for paraprofessional center staff the length was 15.4 months. If an fdc home, though, becomes unavailable, a complete change of person and place is involved, while in a center, when a staff person leaves, there is still a familiar place--toys and other staff members--which the child knows.

Family day care, then, offers a sound, significant service. Setting and format of the service differ from that of center care. The two services can augment and enhance each other and their coexistence offers important choice to day care users.

B. The Centers

What lessons does the SDCP experience hold on physical location and settings of day care centers? What kind of neighborhood or community locations suit the needs of day care users? What radius of service is practical for a program that offers no transportation? What problems exist with one or another type of structure adapted for day care use? Is an inner-city location consistent with an objective of creating an economic, social, and racial mix of children? These are some of the issues to be explored in analyzing the locations of the SDCP programs.

The sites of the SDCP centers were not chosen by each state involved because these were THE ideal settings they would have picked without constraints. In most instances the locations represent sites that could be utilized more quickly or economically than some others.

One brand new setting in Jacksonville, Florida, probably represents an "ideal" choice since it was a new building especially designed for day care service, located in the midst of a severely deprived neighborhood.

A short description is given below for each site, building, radius of service; and transportation element of the program. (See also Exhibit I-1.)

Alabama. The Project is housed in a two-story pleasant white frame residence, some 35 years old, adjacent to the University of Alabama campus in Tuscaloosa. A pleasantly shaded large yard surrounds the house. Although there is a low-income area near the center, it is not large enough to provide sufficient enrollment of children under three. The program does provide transportation, and the minibus travels a radius of 5.5 miles to pick up the children. The University of Alabama provides this space as part of its overhead in running the program.

Florida. The program is housed in a modern one-story brick building owned by the City of Jacksonville. It was constructed only a few years ago for use as a Head Start center and is located in the midst of a low-income central city area. Most of the children walk to the center from the neighborhood, and the only bus transportation is by city school buses delivering children to or near the center after school. Extensive "busing" in Jacksonville has meant that buses from more than 12 schools are involved in this after-school transportation network. No rent is paid for the building.

Georgia. The program is housed in a converted cement block liquor store with space augmented by addition of a prefabricated unit. The attractive remodeling completely hides the former identity of the building components. The yard is limited to a gravel backyard area. The site is in the midst of a very run-down central city apartment area, much of which is undergoing demolition and urban renewal. Most of the children live in a two-to-three block radius of the center. No transportation is provided by the program. The site is leased from the Atlanta Housing Authority, and the prefabricated unit is leased from the contractor of the program.

Mississippi. The program is housed in an attractive single family frame house in the small town of Columbus. Space was augmented during the last year of the program by a mobile prefabricated unit to house infants and toddlers. The structures are surrounded by a large, attractive yard. The entire facility is rented from the private owner. Transportation is paid for by the program and is provided by a driver and his own car. The program serves a radius of 10 miles.

North Carolina. The program is housed in what was once a public school. Other parts of the building house a variety of social programs. Extensive renovations and remodeling adapted the space for day care use by infants, toddlers, and preschoolers. The program is housed in the midst of a low-income area, but the radius of service is much wider than the immediate area. The program transportation for all children is by means of two buses.

South Carolina. The original program is housed in converted public housing units. Two units were combined, with children using the downstairs and the staff offices occupying the upstairs. The children served live in the surrounding public housing units and do not need transportation. The program has expanded to serve another neighborhood from a trailer, which was originally acquired by the previous day care operator--a community action group. The trailer was located in a very deprived neighborhood that is being demolished for construction of new private low-income housing units. During the demolition and construction the trailer was moved to a temporary site. Since the new construction, the program is housed in one of the new housing units.

Tennessee. The program is housed downstairs in a substantial church educational building. The building is approximately 20 years old and is located in a transitional area on the fringes of the Nashville downtown area. The campus of Vanderbilt University is in the vicinty. The program serves clients in a designated one-mile radius. Transportation is not provided, although the program does have a minibus for use by the school-age program. With the changes in eligibility under Title IV-A funding the one-mile radius will have to be extended, increasing transportation problems. The church donates the space used by the program. A playground for the preschoolers has had to be moved as expressway construction near the building has torn up two playground sites. A playground for the older children at one point was several blocks away from the building.

Analysis

Of the seven locations, four are in the inner city of urban metropoles. One is in a public housing project. These centers have all proven to be convenient to a constant stream of day care users. There has never been a problem of empty spaces. Neither has transportation been a major problem. In three cities, most of the children can easily walk to the center from their homes (largely apartments).

A transportation problem in two of the larger cities involved the children of the after-school program, when busing to achieve racial balance was instituted in the public school systems. This

meant that children were no longer in the neighborhood schools from which they could be picked up by the center as a group, but were scattered over a number of schools, some far away. A new transportation system had to be worked out, and some children could not be served in the after-school program. Terminations occurred either because the child returned too late from busing to make after-school care worthwhile or because no pick up could be made on the new bus route. (See Part II, Section 3.)

In three of the cities, the area served by the day care program is definitely and generally deprived. This tended to concentrate enrollment in a homogeneous economic and racial pattern, reflecting the residents of the area, although there were exceptions. Staff children, foster children, or children of related social service agency employees, represent some of these exceptions.

Serving children from different ethnic and socioeconomic groups became more and more difficult. The option to serve 15 percent non-eligible children was removed by the 1972 Revenue Sharing Act. Eligibility of low-income families as potential recipients, which had been defined individually in each state plan, was defined at the federal level with much stricter requirements. These reduced the possibility of serving an ethnic and socioeconomic mix of children.

In the fourth city, the area served is best described as "transitional." It includes university student population, which contributed to the "mix" of children in the day care program. This is the program with a one-mile radius. If a smaller radius had been drawn, enrollment might not have been filled, since a transitional area often has older people, businesses, and singles, and is less densely populated than a typical inner-city apartment area.

Small Town Settings

In the three centers in smaller towns (Tuscaloosa, Alabama; Columbus, Mississippi; and Monroe, North Carolina) the location of the center was such that enrollment was impossible without transportation. There were various reasons for this. In the first place, in many small towns the eligible population is not densely concentrated in one section of town, but tends to be scattered, even on the rural fringes of the town. If service is more or less limited to former, current, or potential AFDC recipients, to obtain the necessary enrollment a fairly large radius of service will be required. (The radius in Tuscaloosa, Alabama was 5.5 miles.)

It might be expected that a location near a large employment center, attracting women who presumably need child care, would

attract enrollment that could be served without special transportation. If the mother already has transportation to her job, presumably she could bring her child with her and drop him off on her way. In practice this probably does not work. The constraints of eligibility in terms of income and age range served by a day care program are usually too limiting to effectively draw much clientele just because a large employment center for women exists nearby.

Even where some concentration of eligible families exists in a smaller town, there may not be a building suitable in the immediate neighborhood to serve the children there. In one instance a building close to the welfare office was ruled out because of objection to an integrated center in the neighborhood. Thus, a less desirable location from the standpoint of client convenience was chosen. The new building was more readily acquired and remodeled. Such decisions mean transportation will have to be included, even if this service is not originally envisioned. In two of the SDCP programs in the smaller towns, transportation had to be added to insure enrollment. Day care for prescribed population segments and age ranges in a small town, with spread-out living patterns, cannot be provided without a transportation component. The neighborhood service concept is less applicable in a small town than in a larger one.

Type of Buildings

The SDCP programs were housed in a variety of buildings. Institutional settings include a church educational structure and a vacant school. Prefabricated units were utilized to expand space of two programs housed in a converted store and a former residence. Public housing residential units were combined and converted for day care use in another program.

Conversion of single family residences for day care has some advantages. Both residences used in the SDCP programs came with large and ideal yards for playground space. Although the cut-up interior of residences precludes some freedom to arrange space, it does preserve a homelike atmosphere and privacy for the children in each room. The separate room arrangements may also encourage one-to-one relationships since the likelihood of several staff being in one fairly small room is reduced.

On the other hand, the cut-up space may preclude older preschool age groupings of more than 7 or 8 children and several staff members. Yet this is the arrangement often desired by preschool programs. If the home setting is so small that no more than 25-30 children can be served, costs will be increased. A program really needs 40-60 children to break even. For example one cook is

required for 20 children but can probably cook for 40 without help.

Residential settings may also involve more renovations to meet code requirements than might be true of institutional settings. A sufficient number of exits, doors that swing outward, or vented hoods, are more likely to be present in institutional buildings than in remodeled residences.

> Meeting code requirements in one SDCP remodeled home involved continuous efforts by staff. The sanitation inspector required two doors between bathroom and eating areas. So an extra door had to be erected in the toddler's bathroom to partition it away from the main room. This provided the necessary two doors between the bathroom area and the eating room. The trouble, however, was with the fire inspector. The extra door for the bathroom area from his viewpoint meant there were too many doors for exiting in the event of a fire. The staff's only solution to this dilemma was to remove the extra door when the fire inspector was expected, and have it back in place before the sanitation inspector came for his visit.

Although institutional buildings may be more likely to meet some or all building code requirements, they may have drawbacks. Concurrent use of the church's educational building by a non-subsidized church nursery school and the Title IV-A SDCP center occasioned some uncomfortable situations between the two programs. On the other hand, the building includes a full-size gymnasium which was a boon for the after-school day care program. A gymnasium also exists in another SDCP center where the program was housed in a former school. The large rooms of the converted school building, however, do not lend themselves to a cozy and homelike atmosphere for babies and toddlers.

Use of prefabricated mobile units is a great advantage in quickly expanding space without major construction expenditures, which are precluded under funding regulations. Prefabricated space may be leased by Title IV-A programs if someone can be found to finance the purchase of this space. Since prefabricated buildings usually can be moved when no longer needed, it is not as difficult to find someone who will bear the purchase price and lease out the mobile space, as would be true of conventional construction.

SECTION 3: STAFFING DAY CARE

Staff is the largest single investment in day care and is most crucial in terms of what happens to children and families. The SDCP has carefully monitored personnel and personnel practices of the seven centers included in the Project's evaluations and has posed a number of questions: What kind of training is needed for professional staff in operating a quality day care program? What about paraprofessionals? Is there an optimum ratio of professionals to paraprofessionals? Can day care serve as a career development opportunity for unemployed, unskilled women? Can parents be employed without there being a conflict between their roles as employee and parent? What is the turnover for day care staff? Is there any difference between turnover for professionals or for paraprofessionals? What is the optimum staff-child ratio and is there any relationship between staff-child ratios and quality in a day care program? Should staffing be geared toward a one-to-one relationship for the child? What role should volunteers play? Can they be successfully integrated into the day care program? Is the turnover for family day caregivers higher than center staff turnover?

This section addresses these questions and summarizes data concerning paid staff but does not include staff funded through other government programs or students who are helping in the program.

Staff were first classified by professional and paraprofessional categories. For the purposes of this report, "professional" includes anyone who has earned an associate or higher college degree in an accredited institution. "Paraprofessional" on the other hand includes all staff without such a degree and a few individuals who had some college but not a degree. Family day care mothers are not included in the totals given in this section, but are described at the end of the chapter.

According to this classification system, there were 40 professional and 70 paraprofessional employees on the payrolls as the Project ended. During the three-year period, 71 professionals and 113 paraprofessionals were employed for some part or all of the Project.

The 71 professionals currently or previously employed by the centers include 46 individuals in child-care jobs with a variety of titles: teacher, child development professional, teacher assistant, child development assistant, recreation coordinator, child care worker, etc. Nineteen of the individuals have titles traditionally considered as professional (e.g., teacher), but the rest have titles usually associated with paraprofessional work (teacher aide or assistant).

The 113 paraprofessionals currently or at some time employed include 58 individuals in various types of teaching or direct child-care jobs. As might be expected, most of these have job titles such as "teacher aide" or "assistant." However, three are in "teacher" positions. The apparent contradiction of some paraprofessionals in traditionally professional jobs and of professionals in traditionally paraprofessional jobs results because some individuals without degrees but with a great deal of experience are competent to fill higher-level jobs, and because sometimes over-qualified individuals are available to fill lower-level jobs. In one state, the supervisory teacher is a person of great experience who has had a tremendously good and strong effect on shaping the entire program. She has no college degree, although she took college courses at various intervals. By contrast, in another state the aide positions are filled by individuals with at least an associate degree because of an oversupply of "AA's" in the area.

The lack of congruence between professionals and traditionally professional jobs and between paraprofessionals and traditionally paraprofessional jobs points out the need to maintain flexibility in developing minimum qualifications, with the option of substituting experience for degrees.

The ratio of paraprofessionals to professionals in currently employed staff for the seven centers is 1.75/1, or one and three fourths as many "para's" as "pro's." When all staff not directly involved in child care are excluded (directors, social workers, volunteer coordinators, cooks, drivers, janitors, secretaries, etc.) the ratio of paraprofessionals to professionals is 1.7/1 or almost the same as when total staff are counted. This "para" to professional staff ratio for child care staff varies from a high of 7.0/1 in Florida to a low of 1.3/1 in Tennessee.*

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*It is even lower in South Carolina where there is only .3 paraprofessional to every one professional, or 3 professionals to one paraprofessional. This low paraprofessional ratio results because of the availability of associate degree staff to fill low-level, child-care jobs.

TABLE I-3

RATIOS OF PARAPROFESSIONALS TO
PROFESSIONALS IN DIRECT CHILD CARE

All Projects	1.75/1
Alabama	2.8/1
Florida	7.0/1
Georgia	2.3/1
Mississippi	1.9/1
North Carolina	2.4/1
South Carolina	0.3/1
Tennessee	1.3/1

In other words, the proportion of degree-less "para's" to degreed "pro's" is five times higher in Florida than in Tennessee. Both programs supplement staff with outside help on a regularly-scheduled basis. Neighborhood Youth Corps in Florida and community volunteers and vocational-tech and college students in Tennessee assist staff but are not part of the required child/staff ratios. The difference in availability of degrees between the two programs has not been reflected in the outcomes of the two programs. They were both excellent in terms of objectives for children and families. In fact, when evaluation staff subjectively rate the SDCP programs on the basis of child development content, parent participation and community involvement, the Florida and Tennessee programs together lead the list. The educational background of the two staffs cannot be the common variable that accounts for a quality program. The leadership qualities of both directors and the dedicated back-up at the supervisory level of the respective state departments are two common elements of both programs. Another is regular, well-planned staff meetings with time allowed for program planning and organization of materials.

The degrees earned by the professionals in the seven centers cover a wide range of subject matter. The largest concentration is in sociology or social welfare. This includes individuals employed as social workers, plus some in administrative or teaching roles. Education and early childhood are the next two most frequent degrees.

Many paraprofessionals have had training beyond elementary and secondary schools. Twenty-four have had vocational-technical courses. Thirty-one have had other post-high-school education or training, including some college work. Of the 113 paraprofessionals, 79 finished high school. Many of those who did not complete high school are or have been employed as janitors or custodians.

Contrary to expectations, only two paraprofessionals have been in WIN training.

Pay

Average monthly starting pay for the entire group* of professionals is $497. This average includes professionals working in paraprofessional jobs and reflects starting pay for all employees, including starting pay as early as July, 1970. It also includes four part-time individuals employed at least 20 hours per week (corrected to full-time equivalent).

The current full-time equivalent monthly pay for professionals employed as the Project ended is $627. This higher amount includes both merit increases and increases resulting from promotions to higher positions, as well as the general increase in pay level in 1973 compared to 1970.

Average monthly starting pay for all paraprofessionals (excluding part-times) during the three years is $340. This fairly low amount reflects starting pay, going as far back as July, 1970. Average current monthly pay for full-time paraprofessionals employed as the Project ended is $376. This reflects both merit increases, promotions, and the general raises granted since 1970.

Career Opportunities

One of the objectives of the SDCP was to provide career opportunities, especially ladders for paraprofessionals. It was hoped that through experience and possibly supplementary education, initially unskilled individuals could obtain skills and participate in a career rather than just being employed in a one-time job.

There were numerous merit increases and promotions for paraprofessionals in the SDCP. Of the 113 paraprofessional employees, 50 had a total of 97 merit increases. Most of those not receiving a merit increase were employed too short a time to be eligible. Thirteen had promotions to higher job classifications within the centers. Additionally, some who were separated went to higher-paying and/or more responsible jobs in other day care settings.

*Excluding employees who are less than one-half part-time, but including four part-timers working at least 20 hours a week.

In Mississippi, one of the original employees (a parent of a child in the center) began as a maid at $1.45 per hour in October, 1970. In June, 1971 she was promoted to teacher aide at $340 monthly. Since then her pay has increased to $384 and will rise again in July, 1973 after the Project ends. This employee has become one of the primary strengths of the program.

In Florida, a food service aide who showed great interest in children and participated in regularly conducted staff nap time training sessions was promoted to teacher aide. Another began as an aide at $4,147 annually in February, 1971. She earned her GED in June, 1971. She was then awarded a FACUS scholarship to a child development course at the junior college in Jacksonville. She successfully completed it in the 1971 winter quarter and was promoted in September, 1972 to an assistant teacher classification. In April, 1973 she had been raised to $5,688 annually. Another employee had a similar employment history and also successfully completed a FACUS scholarship opportunity. A third woman in Florida who began at $3,770 annually in 1971 as an aide (the Florida Merit System designation for her job was "matron,") obtained in July, 1972 a teaching position in another well-known demonstration day care program in Jacksonville, Florida, at a substantial increase in pay.

Staff have generally been encouraged to participate in workshops and to earn course credits wherever possible. Paraprofessionals have participated at least as much as professionals in conferences and workshops sponsored by early childhood education groups. Some centers have closed during state workshop periods to insure that all staff could participate.

Race and Sex

The racial breakdown of all employees now or previously employed by the seven centers is 52 percent back and 48 percent white. Blacks constitute 23 percent of all professionals and 69 percent of all paraprofessionals. One director out of the seven center directors is black. Other black professionals are or have been employed as social workers and teachers.

Twelve percent of all employees now or previously employed by the centers are males. Four male professionals* and 18 paraprofessionals have been employed in the centers. The SDCP stressed

*Male professionals include one social worker, one graduate student assistant, and two teachers assigned to school-age groups.

EXHI
OVERVIEW OF

	NO. OF CHILDREN	STAFF	SITE
ALABAMA Tuscaloosa	23 Infants and Toddlers	Child care — 9 Others — 7 (Cook, janitor, bus driver, maid, secretary, director, part-time graduate assistant)	Remodeled frame house — adjacent to the campus.
FLORIDA Jacksonville	40 Preschool (3 and over) 25 School-age	Child care — 8 Others — 6 (Cook, cook-aide, maintenance, secretary, director, social worker)	Modern brick building owned by the city— originally built as a Head Start Center
GEORGIA Atlanta	41 Preschool (includes 4 infants) 7 School-age	Child care — 6.5 Others — 3 (Director, part-time social worker, cook, part-time secretary) (4 part-time assistants, during-research project)	Remodeled cement block structure — formerly a liquor store. Modular unit attached.
MISSISSIPPI Columbus	12 Infants and Toddlers 30 Preschool	Child care — 10 Others — 3 (Director, cook, maid)	Converted single family frame house. Mobile unit serves as "annex" for infants and toddlers.
NORTH CAROLINA Monroe	85 Children (Infants through 6 years).	Child care — 15 Others — 6 (Director, nurse-social worker, janitor, secretary, 2 kitchen workers)	Brick building formerly a public school. Other community services and training site located in adjacent buildings.
SOUTH CAROLINA Columbia	Hendley Homes — 24 Preschool 12 in Family Day Care Camp Fornance — 17 Preschool	Child Care — 14.5 Others — 6.5 (Director, 2 case workers, 3.5 homemakers)	Public housing project — converted apartments. Individual homes. Private low-income housing project — community space.
TENNESSEE Nashville	30 Preschool 25 School-age 20 Infants and Toddlers in Family Day Care	Child care — 7 Others — 6 (Director, social worker, volunteer coordinator, secretary, custodian) 5 Family Day Care Home mothers	Educational facility of a church — some rooms also used for Sunday school.

BIT I-1
SDCP PROGRAMS

PROGRAM OPERATOR	SOURCE OF HEALTH SERVICES	SOCIAL SERVICES	TRANSPORTATION
University of Alabama — Under contract from Alabama Bureau of Family & Children's Services, State Deparment of Pensions and Security	Public Health Department, Private physicians — paid by medicaid	Provided by County Department of Public Welfare, Assigned worker to spend 25% of time with center families	Center provides (minibus)
Day Care Unit, Division of Family Services	Contract with a resident physician, Public Health Department, University Hospital Clinic	Full-time social worker on staff (although position was unfilled 1½ years)	Parents provide
Family Learning Center, Inc. Under contract with Georgia Department of Family and Children Services	St. Vincent de Paul Clinic, Public Health Department	Part-time social worker on staff	Parents provide
Family and Children's Services, State Department of Public Welfare	Public Health Department, Private physicians — paid by medicaid	Provided by center director with assistance of the county and student interns	Center provides, (pays private driver)
Family and Children's Services Branch, Division of Social Services	Private physicians — paid by medicaid, Public Health Department, Nurse on staff	Provided by county Department of Public Welfare and day care nurse	Center provides (minibus)
Children and Family Services, Department of Social Services	Public Health Clinic	Two full-time social workers, 3½ homemakers	Parents provide, Camp Fornance — staff provided
State Department of Public Welfare	Private physicians, Volunteer dental screenings	Full-time social worker on staff	Parents provide (minibus for special trips)

employment of males because of the prevalence of single parent families served by the centers. Recruitment of males, however, was often difficult. Many of the paraprofessional males were employed as janitors or custodians. A special Project in Georgia,* separate from the SDCP, used high school male students on a part-time basis in the Georgia center to determine effects of male presence. They, however, are not part of the SDCP budgeted staff and are not included in the totals reported herein.

Reports from center directors and visits to the programs by SREB staff corroborate the observation that the children react and interact warmly and positively with male staff, and that efforts should continue in the direction of employing more males.

Parents as Staff

Another objective of the SDCP was employment of parents of children in centers where possible. Fourteen percent of all staff (26 persons) employed at some time by the seven centers were mothers of enrolled children. Twenty-one were paraprofessionals and four professional employees.

Possible conflicts between parental and staff roles sometimes have been a problem for employed parents. Center directors in six states where parents were employed were interviewed on this issue. Most agreed it can work out very well--depending on the individual parent. Reasons cited when parents did not work out in a staff role were: "Some people apparently just cannot tolerate having their child disciplined by others, or hearing his cry in the background." For such a parent the dual role is too difficult, but only one director felt she would prefer in the future not to hire parents of enrolled children.

Two stressed that it does not make sense to tell a parent-staff person to treat her child like all the others. "Go ahead and give him that extra kiss or hug. Don't worry about treating him differently. He is different. The other children know that and understand it. Your child will gradually tend to act more like the others than as your own child."

One director explained that in the one situation in the center in which child and parent could not both continue in the center

*McCandless, Boyd R., Male Caregivers in Day Care: Demonstration Project, Office of Child Development, 1973

together and still have the program function well, the problem lay in inherent difficulties between parent and child that also existed at home.

All directors point out that the objective of continuity of staff takes precedence over firing parents when their children outgrow the program. Staff is encouraged to stay on. This means that after the initial staffing of a new program, it will be more difficult for a woman to chance upon a staff vacancy in the center that cares for her child.

Turnover

To provide continuity of care for children in day care, a low turnover rate is desirable. The turnover rate in the SDCP centers for the entire three years is 78 percent for all professionals and 61 percent for paraprofessionals. (Separations over the three years of the Project divided by the number of positions.) This produces an average yearly turnover rate of 26 percent for professionals and 20 percent for paraprofessionals.

When those separated individuals employed as directors, social workers, volunteer coordinators, cooks, janitors, and secretaries are excluded, the turnover rate in direct child care positions for the entire three years is 76 percent for professionals and 44 percent for paraprofessionals. Turnover rates for the three years ranged from 200 percent in Mississippi to 0 in Alabama for professionals engaged in direct child care, and from 0 in Tennessee to 120 percent in South Carolina for paraprofessionals in direct child care. On an average annual basis, the turnover rate for child care personnel is 25 percent for professionals and 15 percent for paraprofessionals.

In the SDCP the turnover rate for paraprofessionals is lower than for professionals. They have, therefore, tended to lend more stability to continuing child care than did the professionals. One possible explanation for their lower rate of turnover is that for many of these women, the positions in the centers were superior to any others they would have been able to obtain in the communities. The career opportunity opened to them in day care far exceeded the domestic, sales and restaurant work readily available. Therefore, some have tended to hold on to their jobs tenaciously, to the extent of working through pregnancies and making plans to return after the child was born.

Higher turnover among professionals is explained partly by the employment of many young women with "mobile" husbands. In Mississippi, for example, several well-trained Air Force wives were

available to the center for employment as it opened. When their husbands were transferred, they left. This also happened with student wives in South Carolina.

Child-Staff Ratios

There is considerable variation of staff to children ratios among the SDCP centers. The ratios are computed on the actual count of the number of children in the programs and not on the theoretical limits of total spots in the program. No family day care mothers nor children in family day care homes are included in this discussion or calculation. School-age children who attend during the school year in the afternoons or in the mornings before school are counted as "half" children. This means that in the summer when these school-age children are in the programs a full day, the ratios would be higher.* (However, some programs with school-age children employ additional staff on temporary or part-time basis in the summer to offset what would otherwise be program-wide higher child-staff ratios.) Ratios are computed on the basis of children enrolled, and not on attendance. If these ratios had been calculated on average attendance, which was consistently found to be at least 15 percent below enrollment the ratios reported would be lower.

Ratios are calculated on the basis of staff employed by the program and do not include any volunteers or helpers paid by other projects or budgets. Direct child care staff includes teachers and related personnel. Total staff includes directors, social workers, cooks, janitors, drivers, and any other auxiliary staff.

All the ratios in the centers of the SDCP meet state licensing standards. Some provide considerably more staff than required by these standards. Staffing levels also meet the federal interagency guidelines.

The lowest child-staff ratio is found in the Alabama program serving infants and toddlers, with one staff to 1.5 children when total staff is included. When only direct child care staff is counted, the ratio is one adult to 2.6 children. The highest ratio is found in the Georgia program with 1 staff person to 4.6 children and one direct child care staff person to 6.8 children. Actually the ratios are somewhat lower in Georgia because part-time male student assistants, paid from a different demonstration project augment the regular SDCP staff. However, other programs have extra adults too. Tennessee has a constant supply of student interns

*"Higher" ratio refers to more children per staff person.

from colleges and technical schools, plus regularly-scheduled volunteers. Florida regularly uses several NYC students on a part-time basis. Other states also use volunteers, although on less regular or organized bases than the Tennessee and Florida programs. The direct child care ratio in Tennessee is one adult to 6.1 children, and in Florida it is one to 6.5 children. If the highest and lowest child care ratios were associated with the "worst" and "best" day care programs in the SDCP, some evidence might have been available for the perennial debate about the quality of day care and optimum staff ratios. However, the SDCP ratios (1) do not show any extreme range, and (2) even with the limited range exhibited, they do not show any obvious correspondence between staff ratios and quality indicators. The individual attention and concern and the follow-through on children's personal problems could not have been greater than in Tennessee, which has the second highest ratio of children to direct care staff among centers without infants. The non-infant program with the lowest such ratio (South Carolina with one staff per 3.3 children) does not exhibit any special concerns for children nor are any special success stories noted with the programs that have higher ratios.

TABLE I-4

CHILD-STAFF RATIOS

	No. of Full-time Equivalent Enrollment	Counting Total Staff	Counting Direct Child-Care Staff
Alabama	23	1.5/1	2.6/1
Florida	52	3.7/1	6.5/1
Georgia	44	4.6/1	6.8/1
Mississippi	42	3.2/1	4.5/1
North Carolina	80	3.8/1	5.3/1
South Carolina	41	2.0/1	3.3/1
Tennessee	42.5	3.3/1	6.1/1

Volunteers

Volunteers were an important component of the SDCP programs although they were not counted as part of required staff ratios. One of the primary reasons for using volunteers is to enrich the program. Special curriculum enrichment such as remedial work in language skills, music lessons, field trips, and paid staff training at nap times depends upon the availability of volunteers. Volunteers in the SDCP programs consisted of community members who wanted to give of themselves and also persons from government-subsidized volunteer programs such as Neighborhood Youth Corps and Retired Citizens programs.

In Nashville, the program decided from the beginning that community involvement could be enhanced through a strong volunteer program.* This decision may have resulted partly from the initial plan to house the program in a church that volunteered space. Volunteer involvement of church members to strengthen the relationship between church and community was the seed for the broad volunteer program that by 1973 used as many as 30 different volunteers in any one week. A volunteer program of this scope requires strong coordination. This coordination in Tennessee was obtained through a full-time, paid volunteer coordinator. She coordinates all volunteers including students. Careful scheduling avoids conflict between the need for children to be secure with a continuity of faces and people, and the desire to accommodate and gain from the many people wishing to serve.

In Florida, during the three years 18 NYC girls participated as part-time volunteers in day care. The average length of their work was four months, and seven were terminated because they were not satisfactory.

Staffing Patterns

For children in day care who are separated from their parents most of the waking day, it is desirable to provide continuity of care. Ideally a child should be able to identify with some one adult for most of the day. Staffing patterns with this objective tend to assign staff as much as possible to children and not to tasks, stations, or functions. There are limits, of course, to the extent this can be managed. For example, length of a staff

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*For further information on volunteers, see How to Do Day Care: Some Shared Experiences, Southeastern Day Care Project, December, 1973.

working day usually does not exceed eight hours, but most children in the SDCP centers are in care more than eight hours per day, so that at a minimum, direct responsibility for them will switch between two individuals. Additionally most centers provide formal or informal breaks for staff when they are relieved from child care responsibility, especially since they are expected to eat their meals with the children.

Within the above constraints, however, the SDCP centers have generally assigned staff to a particular age group with which they spend the entire day. For the preschool four- and five-year olds, the group may average 15 children, with several staff attached to the group. No particular emphasis was given to assigning special or primary responsibility for the 15 children in such a group to certain of the attached staff members. Although children often form their own primary attachments when more than one adult is available, no formal emphasis was given to developing such adult-child identification lines.

When all staff in centers are included, the child-staff ratios become quite low (see Table I-4), so that in some situations there is the theoretical possibility of assigning each staff person primary responsibility for two or three children for the day. Under this approach, all staff members including even the social worker and cook would have primary responsibility for one or two children who would relate to these workers in an especially close manner throughout the day. In practice, however, the logistics of performing specialized tasks such as cooking or social work would make this type of staff-child assignment difficult to implement. The logistics and demands of specialized functions (e.g., cooking for 50 instead of four, or visiting the welfare department instead of the next-door neighbor) does not permit a carbon copy of the ideal of the natural home situation of family and child. However, the assignment of certain staff members to a group of children was followed in each SDCP center with the precept of the natural one-to-one relationship maintained as a background inspiration.

Family Day Care Mothers

In Tennessee, Georgia, and South Carolina, satellite family day care homes were developed in addition to a day care center. Over the three-year period, there were a total of 12 homes opened (Georgia-1, Tennessee-9, South Carolina-2). At the end of the Project, a total of seven homes were opened (Tennessee-5, South Carolina-2). The turnover of family day care mothers was 42 percent (14 percent annually) and is comparable to the turnover for child care paraprofessionals in the centers of 38 percent (13 percent annually). The average length of employment was 17.1 months,

slightly longer than for paraprofessional center staff (15.4 months). Of the five family day care mothers separated, four separated for personal reasons (one because of illness, one became pregnant, two moved out the area), and one for job-related reasons (not enough low-income families in the neighborhood).

The family day care workers were all female; eleven were black, one white. The education level ranged from third grade to some college. Two had grammar school education, six had some high school, and four had graduated from high school. Four had some sort of vocational-technical school course. The ages of the family day care mothers ranged from 29 to 58 years old and averaged 42 years of age. Seven kept their own children in the home. All of the family day care mothers were paid $12.50 per child, and six were paid an additional $25 per week to keep their home open. Of the five separated, three had received the additional retainer.

Summary

1. The quality of the programs does not seem to be related to the number of professionals or paraprofessionals, nor to the particular degrees held by the staff members. The most important determinant of the quality of the programs seems to relate to the leadership and supervision provided the program by the director and agency personnel.

2. Paraprofessionals can be utilized very effectively, and they can avail themselves of career-ladder opportunities in day care if there is a strong emphasis on staff development. This may be accomplished by regular staff-training sessions plus outside training opportunities in workshops, college courses, lectures, or conferences.

3. The individual qualities of a parent are the determining factors as to whether he or she may be effectively used as a staff member while having a child in the program.

4. The turnover rate for professionals involved in child care is higher in the SDCP than for paraprofessionals, which would indicate that paraprofessionals might inject stability into the program.

5. The quality of the SDCP programs is not related to the staff-child ratios, although all the programs in the Project have relatively low child-staff ratios.

6. Although the one-to-one staff/child continuing relationship is an ideal pattern toward which day care programming might be

directed, in practice it is difficult to maintain this staffing pattern for all the children or for major portions of the day.

7. The turnover rates for family day care workers in the SDCP were lower than those found for paraprofessionals in center care, so that on the average there is less instability with adult relationships for children in family day care than in center care.

SECTION 4: COSTS OF DAY CARE

One of the problems in the day care "industry" has always been the accurate measurement of cost. Too often programs have not produced accurate cost data that would permit comparison from one to another. Early in this Project a cost analysis system was developed which explicitly takes into account variables such as donated items (or in-kind contributions), functional breakdowns of program components to permit cross comparison of programs with similar functional inputs, and provides a well defined unit of measure, such as per child enrolled or attended. The details of this system are presented in A Cost Analysis System for Day Care Programs.* The results of the three year cost analysis as applied to the seven programs monitored by the SDCP are presented in this report. The costs reported in this report include two kinds of expenditures: those that are paid for by the program's own budget ("budgeted" costs), and those paid for by other programs ("donated" costs).

Total budgeted costs for the center programs are shown in Table I-5. These costs include all expenditures paid directly by the programs, without donations. They include both ongoing operating expenditures and capital expenditures for items which may be expected to last longer than the three year program span. Operating costs cover both payroll and non-payroll costs. Budgeted costs include the total food bill, although several programs receive USDA reimbursements.

The annual total budgeted costs per child enrolled in the third year vary from a high of $4659 for the Alabama infant program to $2047 in Georgia. (The Georgia program was operated by a private profit-making contractor.) Total budgeted costs in the third year are considerably below first year costs, but above second year costs in all states except Georgia and South Carolina. The first year costs are highest because they include start-up expenditures. (Start-up costs for each program are shown separately in Table I-11.) The third year costs exceed second year costs because salaries were generally increased during the third year. Since payroll constitutes the major expense of day care (see Table I-12), salary increases are immediately reflected in higher per child costs. The Georgia third year costs are lower than second year costs because

*A Cost Analysis System for Day Care Programs, Southeastern Day Care Project. Reprinted by DCCDCA, 1972, 1401 K Street, N.W., Washington, D.C. 20005.

of changes in the contract to limit the amount of overhead permitted for the contractor.

Operating costs (payroll plus consumable goods and services but excluding capital expenditures) are shown in Table I-6. On an annual per child enrolled basis they vary from a high of $4657 for the infant program to a low of $2047 for the Georgia program which serves primarily non-infants. The second lowest per child cost in Florida is $2065 for preschoolers and some school-age children. Center operating costs the third year are all below first year costs, but above second year costs except in Georgia and South Carolina. First year operating costs are high because full enrollment occurs after full staffing. Also, many items that do not really qualify as capital expenditures are bought the first year and thus increase the initial cost. Third year costs are higher than second year costs because they reflect merit increases and higher salary levels.

Family Day Care Costs

Family day care costs are also shown in Table I-6. Only three programs operated family day care, and in two, the service continued for three years. Certain "overhead" program costs for administration, social services and any other functions that apply equally to children in centers and family day care homes are allocated to family day care on the basis of the share of enrollment there relative to total center and family day care enrollment.

Family day care costs in the third year are $1945 in Tennessee and $1688 in South Carolina. In both South Carolina and Tennessee, family day care costs less than center care in each of the three years, despite including allocations for system-wide functions.

For both centers and family day care homes per day enrolled, costs generally exceed per day attended costs by 15 percent. This indicates that if staffing of day care were geared to the average attendance instead of average enrollment, day care costs could be reduced by some 10-12 percent. (The total is not reduced by the entire 15 percent because payroll constitutes 70-80 percent of operating costs.)

In order to obtain more cost data on family day care, the SDCP assisted Project Play Pen in St. Petersburg, Florida in analyzing costs. Project Play Pen is a system of 32 family day care homes supported by a central office, with administrative, social service, and training functions. The central staff consists of a director, two social workers, a training specialist and two clerical staff members. The family day care mother is currently paid $20 per week

per child. Each home is permitted a maximum of four children unrelated to the care provider.

For the first year, per child enrolled costs are $1438 (for 250 days). Second year costs rise to $1739. The increase during the second year results because of increases in the caregivers' fees, an allocation of state administration expenses to the Project the second year, and a 75 percent versus previous 25 percent, allocation of the director's salary to the Project.

Value of Donated or "In-Kind" Contributions

The imputed value of donated items is added to budgeted operating costs in Table I-7. The only donations costed and included in the data are those that are necessary to the programs. Space, for example, is necessary to a program even if it is provided free, by a church. On the other hand, extra hands (NYC workers or other volunteers), while helpful, are not necessary where programs have budgeted staff that meet licensing standards. In no program do donated costs exceed 8 percent of budgeted costs and usually they are less. The donation of space is the largest item programs receive. Yet even donated space constitutes a fairly low percentage of the total program costs.

Functional Costs on Annual Per Child Enrolled Basis

Costs by functions for the third year on an annual per child enrolled basis are shown in Table I-8. In each program child care is the most important cost component. It includes all payroll for child care and teaching responsibilities and all supplies or services (e.g., toys, books and diaper service) related directly to child care and child development. The annual cost for child care, per child enrolled, has a fairly broad range. Five programs range from $812 to $1877. The infant program is higher at $2035.

Food costs (including payroll) are fairly constant, ranging from $257 to $443 per child. (See Part I, Section 5 of this report for evaluation of meals in the various programs.) There is considerable variation in cost of "plant and maintenance." The budgeted costs (without any imputed rentals for space) range from $150 to $505 per child. The $150 cost includes a lease of urban renewal property from the city and amortization of a converted modular unit attached to this property. When including the imputed rent that similar space is estimated to cost on the open market, the plant and maintenance cost rises to $240. The $505 annual cost of the Alabama facility includes the University of Alabama's estimate of the rental value of the space owned by them, which is paid out of

the University's overhead allocation from the total program budget. Differences in costs of space that include imputed rentals (or donated, in-kind inputs) should be interpreted cautiously, since imputed rentals are only estimates of what similar space or utilities, where donated, would cost on the market.

There is considerable variation in costs of social services. In Mississippi the cost is only $2 per child. This program has no social worker on the staff of the center, and no special arrangement was made to lighten the load of any county welfare worker in order to give special assistance to families in the center. Therefore no donated service is allocated in Mississippi. The cost in South Carolina is $667 annually per child and includes the services of two social workers and an allocation of three and one half homemakers to the center's payroll. The costs in Florida and Tennessee, both having one full-time social worker on the staff, are $117 and $147, respectively. In Alabama, where a social worker on the county's staff is estimated to have spent 25 percent of her time to serve the center's families, the cost is $119. This $119 cost per child for a quarter-time social worker is very close to the $117 cost in Florida for a full-time worker on the center staff. However, the Florida program serves three times the enrollment of the Alabama program.

Transportation cost varies widely depending on services provided. It is highest in Alabama ($313) where almost all the infants and toddlers are transported on a minibus with a full-time driver on the staff. In Tennessee ($3 per child) a bus is also owned by the center, but driven by regular staff. The bus is used only for field trips, picking up school children after school, and errands. The bus does not pick up and deliver children to and from their homes. In Mississippi the $90 cost per child, with most children receiving transportation, is accounted for by fees paid to a private taxi driver on a per child transported basis. North Carolina provides a bus that is driven by the staff to pick up and deliver most children at an annual cost per child of $5. It should be noted that where programs own buses, the costs of buying the vehicle are not reflected in annual functional operating costs, since the cost analysis system does not allocate capital expenditures to operating costs.

The special functions item refers to staff development expenditures and those arising because of the demonstration nature of these programs. All staff travel to meetings and seminars is included in this category, as well as a 20 percent allocation of each director's salary. This portion is allocated because the director in these demonstration programs spends considerable time in community related activities or "special functions" not ordinarily expected in a regular day care program. Special functions cost per child, in the six programs not serving primarily infants, ranges from $228 in Tennessee to $42 in Georgia. The cost in Tennessee includes the services of a full-time coordinator of volunteers. (See Part 1, Section 3.)

Health costs are minimal in most of the programs except in North Carolina, where a nurse is employed full time. However, since she performs many social work functions, half of her salary is allocated to social services. In Florida the $5 budgeted cost represents the Project's payment to doctors in training who came to the center to do physicals on enrolled children. The additional $15 in donated services represents time spent by a nurse in the center several hours each week, plus the difference between the trainee doctors' fees and the market costs of the physicals. The small amounts indicated for health expenditures in the other programs represent incidental expenditures, but do not reflect ongoing or scheduled health services provided by the community. (For further details of provision of health services see Part I, Section 5.)

Administration and management costs vary considerably. These costs include all office related expenses, insurance, telephone, and 80 percent of the director's salary, plus secretarial help. In Alabama, where the University of Alabama under its contract receives a percent of program costs for indirect expenses, the per child cost is $1208. This high cost, despite subtraction of imputed rent for space from the University's indirect allocation, results from (1) low total enrollment over which the expenditures are distributed, and (2) the University's overhead allocation from the Project's budget.

Administration and management costs in Georgia, with a profit-making sponsor, are $617 per child enrolled for the third year. This is reduced considerably from the first and second year costs for administration and management in Georgia of $985 and $1159 per child respectively. Administration and management costs under the contract with the corporate sponsor include an allowance for overhead and profit. The overhead allocation was based on the percent of enrollment in the program relative to total enrollment in the corporation's various centers. The corporation was in the process of expanding to operation of many centers when the Project began. This produced high corporate overhead before enrollment in the developing new centers was a realty, and meant that the programs' enrollment the first two years was a high percentage of the corporation's total enrollment. Profits were calculated as a percent of the program costs, including the corporate overhead allocation of costs as described above. The high administration and management costs resulted in a change in the contract during the last year to include a lid on the overhead allocation to the corporation.

In the other programs operated directly by the state or county, the administration and management cost vary during the third year from $255 per child in Mississippi to $395 in South Carolina. The percent that administration and management costs constitute of operating costs in each program during the third year is shown in

Table I-12. They vary from 26 percent and 30 percent in Alabama and Georgia (the two non-state or non-county operated programs) to a range of 11-16 percent in the publicly-run programs. Administration and management costs in the public agency programs may be slightly understated since the agencies provide some payroll and accounting services to support the day care programs. However, none of the public agencies indicate the need for additional administrative staff to serve the one demonstration day care program in each state.

Child Care Costs and Child-Staff Ratios

A comparison of child care costs and child-staff ratios is shown in Table I-9. The Alabama infant-toddler program with an annual per child child-care cost of $2035 has the lowest child-staff ratio (1.5/1) for total staff and a ratio of 2.6/1 for staff directly involved in child care.

In the other programs there is close correlation between per child cost and ratios of child care staff. As the cost per child diminishes, the child-staff ratios increase.

Center Costs and Staff Ratios

Annual Child-Care Cost per Child Enrolled	Child-Staff Ratio Counting Staff Directly Caring for Children
$1877	3.3/1
1433	4.5/1*
1417	5.3/1
1095	6.1/1+
1030	6.5/1+
812	6.8/1*+

*Includes some infants
+Includes some school-age, counted as one-half

Constant exposure and evaluation of the programs by SREB staff permits rough qualitative program comparisons, even though formal measures of quality were not developed and used. The quality of the program with the highest child-staff ratio (6.8/1) is probably weaker than that of the others in terms of individualizing attention and program to meet the developmental needs of each child. Yet the quality of the programs with 6.1/1 and 6.5/1 ratios is better than the programs with 3.3/1, 4.5/1 and 5.3/1 ratios. Indeed SREB evaluation staff unanimously agreed that the two programs

with the 6.1/1 and 6.5/1 ratios truly represent model programs in terms of individualizing child care and developing each child's full potential. These findings indicate that something other than numerical child-staff ratios affects the quality of programs and that quality care can be provided while being somewhat conservative with staffing. The two programs evaluated as having excellent programs do use supplementary staffing by volunteers and community programs (NYC and retired persons) to aid paid staff. However, staff requirements for licensing in both programs were met by the paid staff.

Upgraded Private Program

In Alabama the project sought to upgrade an ongoing program operated by an individual in the community. The upgrading efforts, financed with public funds, would improve the quality of the program so that it could be used for purchase of care for eligible children. Upgrading efforts consisted of financial help in adding educational and other needed materials and technical assistance on program content for a period of at least four months. Project staff were fairly disheartened with the outcome of this effort and did not feel the operator's program was a quality one even after all the assistance was completed. No itemized expenditure records were available, but estimates were made of what the operator spent. Including the costs of the Project's inputs into the operation, annual per child enrolled costs are estimated to be $1430 per year. The child-care component of this annual cost is estimated to be $670.

Calculating Capital Costs

First year costs for any program will be much higher if all the equipment and initial renovation expenditures are included. Yet many of these are one-time expenditures for items that will last for many years. If these expenditures are amortized, the cost derived will more truly reflect the cost of the program on an annual basis.

Methods of calculating the cost of capital items or equipment are described in the SREB publication, A Cost Analysis System for Day Care Programs. The difference in annual costs when capital and equipment items are depreciated as opposed to being included at the time they are incurred is shown in Table I-10. For each program the first line shows total budgeted costs per child when disbursements are costed at the time they are made. The second line shows costs when the items are depreciated, and a portion of their cost is allocated to each year according to the proper depreciation period chosen for the item. In each program for the first year

the depreciation method shows a much lower annual cost than the cash disbursement method. By the third year, this is no longer true for several programs because the accumulated depreciation allocations of what was bought in the first and second years exceed the cash disbursements made in the third year for capital and equipment.

Start-Up Costs

Little information exists about the start-up costs of non-profit or government-funded day care. One source gives estimates of $200 to $600 per child for the cost of renovating structures such as churches, storefronts, apartments, or other existing homes for day care use. Costs for the construction or purchase of facilities are estimated in the same source as ranging from $500 per child for a prefabricated unit to "the $1,500 or more per child that is required for a specially-designed facility of the type employed for industrial day care and proprietary center day care."*

The same source provides a summary of minimum first year requirements including start-up costs ranging from $12,500 to $50,000 for 25 children.** Mary Rowe describes cash outlay for start-up at $500 to $1,000 per child.*** In her definition, Rowe includes staff salaries for the period before children are enrolled. These are not included in the definition of start-up costs as computed by the SDCP.

Start-up costs for day care centers according to the SDCP definition include building renovations and remodeling, kitchen modifications and appliances, office equipment and furniture, and a great variety of items which will not be consumed, broken, or in need of replacement for several years. In the absence of any standard guidelines on what items to include or exclude in accounting for start-up costs, the SDCP requested its programs to categorize as "equipment," or as items to be included in start-up computations, anything with an expected lifetime of over three years. This includes some well-made durable wooden toys without parts to be lost but excludes aluminum frame cots with canvas slings which may not last over two years with constant use by active children.

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*Final Report - Part IV, Costs of Day Care, Vol. 1, Day Care Policy Studies Group, Institute for Interdisciplinary Studies, Minneapolis, 1971, p. 36.

**Ibid, p. 29.

***Hearings, Committee on Finance, U.S. Senate, S. 2003, Child Care Provisions, 1971, p. 276.

Start-up costs for the seven SDCP programs are summarized in Table I-11. They include all renovations and building alterations, appliances, furniture for office, furniture for adults and children and all equipment (as contrasted to consumable supplies) bought during the first year.

Total start-up costs (including donated renovations but not including first year operating expenses) vary from $58,355.29 to $5,686, or from $778.07 to $189 per child.* The programs with the highest start-up costs, as might be expected, also had the highest renovation and building alteration costs. One program spent $39,700 in renovating an abandoned store and attaching a prefabricated unit to it.** Another spent $29,000 on renovating and altering a school building for day care use. This sum, however, was greater than would have been incurred solely for day care; the site is also to be used for training day care workers from other locations and includes observation rooms. Additionally, this program spent $7,100 on reequiping the existing school kitchen. This kitchen serves not only the day care center but also site visitors and other social service projects housed or to be housed in other parts of the former school building.

Renovating the two former single family homes did not prove to be as expensive as remodeling other structures. One site cost approximately $8,500 to remodel. The other entailed no remodeling or renovating costs. Use of a church and community center buildings in other programs likewise entailed no renovation expenditures. Structural changes in the public housing site were made as a donation by the housing authority and were estimated at a $5,000 value.

One center enlarged its space by installing a prefabricated unit next to its building and using a carport as a connecting walk to the mobile unit. The added space houses 12 infants and toddlers. Since Title IV-A funding regulations do not permit the program to buy the unit out of its own budget, the program negotiated with a private party to buy the unit and paid a $275 monthly lease for the use of it. The purchase cost of the unit was $15,000 with an additional $800 charge for plumbing connections. However, the modular unit was not included in start-up costs at all, but leasing outlays were included in operating expenditures.

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*When donated renovations and equipment are excluded, cash outlay start-up costs in one program were $144 per child.

**This sum also includes the cost of equipping the kitchen which was not calculated separately for this program.

A similar method was used in another center to finance the purchase of a prefabricated unit which was installed as part and parcel of the existing structure. There, too, a private party bought the unit, and the Project paid a monthly lease in addition to having paid substantial sums for the initial installation of the unit as an integral part of the existing building.

Kitchen equipment costs range from as low as $500 (in donations of used equipment by the housing authority) to over $7,000 in the kitchen that serves programs other than just the day care center. Variations in building renovations and kitchen equipment depend greatly upon the state of the structures and kitchens before their use for day care. In view of the great difference in the initial state of the buildings and kitchens, the SDCP experience cannot predict what typical renovation and kitchen equipment costs might be. For each prospective day care program the building and kitchen costs will depend on what exists as a starter.

The first year equipment expenditures for all items other than building renovations and kitchen range from $4,600 to $22,000. The variation in this expenditure seems to depend on individual management. Except in the program which is a continuation of a previous day care program under different sponsorship, all the day care directors began with no equipment. All but one, therefore, needed basic child, adult, and office furniture, small appliances, toys, etc. In one program all this was purchased for less than $5,000. In two these cost approximately $8,000. A third spent $10,000 which, however, included the cost of a minibus. The most costly program with expenditures of $22,000 also included a minibus and a wider variety of equipment for the center's use as a training site. Generally, the great variation in these costs cannot be explained solely by program content and inclusion of vehicle costs, but is also a function of management.

Conclusions

Final conclusions on the costs of day care are not provided by the comparisons of costs in only seven programs. Yet the analysis does indicate a number of findings:

1. Each program costs at least $2,000 annually for operating costs, excluding equipment of capital expenditures.

2. There is tremendous variation in the operating costs (excluding equipment or capital expenditures) of even those programs that serve no infants, ranging from $2,047 to $3,570 per child enrolled on an annual basis. Even when differences in program components (social service, health and transportation) are

accounted for, per child enrolled operating costs vary widely. Quality differences do not coincide with these cost differences. This implies that with careful managerial practices, it may be possible to offer as good a program for $2,000 as for $3,500 yearly.

3. A managerial practice that contributes to lower operating costs without sacrificing quality is holding enrollment and attendance to the maximum permitted for the facility. The difference in costs on the basis of enrollment and attendance indicates that the cost of day care could be reduced by approximately 10-12 percent if staffing were based on daily attendance instead of enrollment. States that revise their licensing requirements for staffing on the basis of attendance rather than enrollment will save 10-12 percent in day care costs.

4. A big difference in operating costs stems from administrative and management structure; these costs were higher for the programs with the private-for-profit and the University sponsor than for the agency-operated programs.

5. Family day care costs, even when allocations are included for administration, social services and other system-wide functions, are consistently less than center costs.

TABLE I-5

BUDGETED TOTAL COSTS
(INCLUDING OPERATING COSTS AND FULL COST OF EQUIPMENT)

CENTERS

	Per Day Enrolled			Per Day Attended			Per Year Enrolled		
	First Year	Second Year	Third Year	First Year	Second Year	Third Year	First Year	Second Year	Third Year
Alabama	$37.52	$17.46	$19.10	$44.71	$20.76	$21.94	$9,380	$4,365	$4,659
Florida	15.02	7.10	8.50	17.27	8.65	10.28	3,755	1,775	2,125
Georgia	27.52	11.04	8.19	30.34	12.63	9.35	6,880	2,760	2,047
Mississippi	11.48	8.29	9.47	13.56	8.98	10.19	2,870	2,073	2,368
North Carolina	24.29	9.73	NA	27.16	10.94	NA	6,073	2,433	NA
South Carolina	10.10	15.49	14.45	14.03	17.75	17.35	2,525	3,873	6,313
Tennessee	12.68	9.17	9.96	14.58	10.58	11.44	3,168	2,292	2,490

TABLE I-6

BUDGETED OPERATING COSTS
(PAYROLLS AND CONSUMABLES)

CENTERS AND FAMILY DAY CARE HOMES

	Per Day Enrolled			Per Day Attended			Per Year Enrolled		
	First Year	Second Year	Third Year	First Year	Second Year	Third Year	First Year	Second Year	Third Year
Centers:									
Alabama	$28.73	$17.43	$18.63	$34.23	$20.12	$21.40	$7,183	$4,358	$4,657
Florida	12.77	6.96	8.26	14.68	8.48	9.99	3,193	1,740	2,065
Georgia	19.03	10.97	8.19	20.99	12.54	9.35	4,757	2,743	2,047
Mississippi	11.48	8.29	9.24	13.56	8.98	9.94	2,870	2,072	2,310
North Carolina	17.21	9.32	NA	19.24	10.48	NA	4,302	2,330	NA
South Carolina	9.59	15.28	14.28	13.32	17.51	17.14	2,398	3,820	3,570
Tennessee	10.81	9.07	9.89	12.44	10.46	11.36	2,703	2,268	2,473
Family Day Care:									
Georgia	12.49	NA	NA	13.72	NA	NA	3,123	NA	NA
South Carolina	6.07	8.23	6.75	6.37	9.24	7.61	1,518	2,108	1,688
Tennessee	7.07	6.61	7.78	9.49	7.84	8.88	1,768	1,653	1,945

TABLE I-7

OPERATING COSTS - BUDGETED AND WITH DONATED ITEMS

	CENTERS (Third Year)			
	Per Day Enrolled Budgeted	+ Donations	Per Year Enrolled Budgeted	+Donations
Alabama	$18.63	$19.10	$4,657	$4,775
Florida	8.26	8.79	2,065	2,198
Georgia	8.19	8.54	2,047	2,136
Mississippi	9.24	9.24	2,310	2,310
North Carolina	9.32	9.32	2,330	2,330
South Carolina	14.28	15.37	3,570	3,843
Tennessee	9.89	10.70	2,473	2,676

TABLE I-8

ANNUAL OPERATING COSTS - BUDGETED AND WITH DONATIONS
BY FUNCTIONAL CLASSIFICATIONS

CENTERS

(Per Child Enrolled - Third Year)

	Food	Administration and Management	Child Care	Health	Trans-portation	Plant and Maint.	Social Service	Spec. Functions
Alabama:								
Budgeted	$370.00	$1,208.00	$2,035.00	$ -*	$313.00	$505.00	$ -*	$225.00
+Donations	370.00	1,208.00	2,035.00	-	313.00	505.00	119.00	225.00
Florida:								
Budgeted	315.00	335.00	1,030.00	5.00	7.00	198.00	117.00	58.00
+Donations	330.00	335.00	1,033.00	20.00	7.00	298.00	117.00	58.00
Georgia:								
Budgeted	257.00	617.00	812.00	5.00	--	150.00	165.00	42.00
+Donations	257.00	617.00	812.00	5.00	--	240.00	165.00	42.00
Mississippi:								
Budgeted	298.00	255.00	1,433.00	3.00	90.00	175.00	2.00	53.00
+Donations	298.00	255.00	1,433.00	3.00	90.00	175.00	2.00	53.00
North Carolina**								
udgeted	290.00	273.00	1,417.00	73.00	5.00	165.00	67.00	78.00
+Donations	290.00	273.00	1,417.00	73.00	5.00	165.00	67.00	78.00
South Carolina:								
Budgeted	425.00	395.00	1,877.00	2.00	--	152.00	667.00	53.00
+Donations	425.00	395.00	1,877.00	2.00	--	423.00	667.00	53.00
Tennessee:								
Budgeted	443.00	340.00	1,095.00	--	3.00	215.00	147.00	228.00
+Donations	443.00	340.00	1,095.00	--	3.00	418.00	147.00	228.00

*No Expenditure
**Second Year

TABLE I-9

CENTER OPERATING COSTS AND STAFF RATIOS

(Third Year)

	Per Child Enrolled Annual Operating Costs	Per Child Enrolled Annual Child Care Operating Cost	Child/Staff Ratio Total Staff	Child/Staff Ratio Child Care Staff
Alabama	$4,657.00	$2,035.00	1.5/1	2.6/1
Florida	2,065.00	1,030.00	3.7/1	6.5/1
Georgia	2,047.00	812.00	4.6/1	6.8/1
Mississippi	2,310.00	1,433.00	3.5/1	4.5/1
North Carolina	2,330.00*	1,417.00	3.8/1	5.3/1
South Carolina	3,570.00	1,877.00	2.0/1	3.3/1
Tennessee	2,473.00	1,095.00	3.3/1	6.1/1

*Second Year

TABLE I-10

TOTAL BUDGETED COSTS (OPERATING AND CAPITAL ITEMS)

BY CURRENT DISBURSEMENT METHOD AND BY DEPRECIATION METHOD

(Per Child, Per Year Enrolled)

CENTERS

	First year	Second year	Third year
Alabama:			
Current Disbursements	$9,380.00	$4,365.00	$4,657.00
Depreciation	7,408.00	4,445.00	4,745.00
Florida:			
Current Disbursements	3,755.00	1,775.00	2,125.00
Depreciation	3,253.00	1,763.00	2,095.00
Georgia:			
Current Disbursements	6,880.00	2,760.00	2,047.00
Depreciation	4,978.00	2,848.00	2,138.00
Mississippi:			
Current Disbursements	2,870.00	2,073.00	2,368.00
Depreciation	2,573.00	2,070.00	2,335.00
North Carolina:			
Current Disbursements	6,073.00	2,433.00	NA
Depreciation	4,508.00	2,435.00	NA
South Carolina:			
Current Disbursements	2,525.00	3,873.00	3,613.00
Depreciation	2,410.00	3,845.00	3,593.00
Tennessee:			
Current Disbursements	3,168.00	2,292.00	2,490.00
Depreciation	2,763.00	2,312.00	2,518.00

TABLE I-11

START-UP COSTS

Program	Equipment Kitchen	Renovations	Other	Total
Alabama	$2,603.50	$8,440.05	$7,967.48	$19,011.03
Florida	949.99		7,979.85	8,929.84
Georgia		27,946.56****	11,806.13	3 ,752.69
Mississippi	1,097.65		4,588.20	ɔ,685.85
North Carolina	7,071.00	28,869.47	22,414.82***	58,355.29
South Carolina	500.00*	5,000.00*	3,464.18	8,969.18**
Tennessee	2,309.92		10,030.38***	12,340.30

Equipment Costs Per Child

Program	Kitchen Bldg. & Renov. Per Child	Other Per Child	Total Per Child	Total Cash Outlay Per Child
Alabama	$ 480.00	$ 346.00	$ 826.00	$826.00
Florida	24.00	200.00	224.00	224.00
Georgia	559.00	236.00	795.00	795.00
Mississippi	46.00	153.00	189.00	189.00
North Carolina	479.00	299.00	778.00	778.00
South Carolina	229.00*	144.00	373.00	144.00
Tennessee	58.00	251.00	309.00	309.00

*Housing Authority Donation
**Includes $5,500 Housing Authority Donation
***Includes Cost of Minibus
****Includes Kitchen Costs

TABLE I-12

CENTER PAYROLLS AND ADMINISTRATION - MANAGEMENT
AS PERCENT OF TOTAL BUDGETED OPERATING COSTS

(Third Year)

	Payroll as Percent of Total Operating	Administration-Management as Percent of Total Operating
Alabama	74 Percent	26 Percent
Florida	82	16
Georgia	62	30
Mississippi	77	11
North Carolina	83	12
South Carolina	89	11
Tennessee	66	14

SECTION 5: RELATED SERVICES

Day care services are often classified as (1) custodial, (2) developmental, or (3) comprehensive. Briefly, "custodial" implies only a caretaker service, while "developmental" includes an educational component and a strong awareness of total developmental needs for children. "Comprehensive" adds ancillary services, such as preventive and treatment-oriented health and social services. The SDCP never deliberately classified itself. Its objectives, however, strongly emphasize the total developmental needs of children and day care as a service to the entire family. This implies provision of social services. The health component was explicitly included in the objectives, although provision of health services was to depend on resources funded outside of the Project.

Several objectives of the Project point to a strong emphasis on a social service component:

> "I. To meet the needs of the family for day care services.
>
> II. To strengthen parents in their relationship with their children.
>
> III. To strengthen parents' role as members of their communities and as partners in the day care program.
>
> IV. To strengthen parents by assisting them to gain access to and use available community resources and needed services."

A. Social Services

These objectives and expectations implied that the social worker would do far more than just traditional intake, which for many years constituted the major function of the day care social worker as she evaluated a child's and family's need for day care. SDCP social workers did perform many of the intake procedures. However, the intake consisted more of determining which child and family had greater priority for service relative to others, rather than whether or not a need existed.

Given the breadth of objectives for families, the role envisioned for SDCP social workers encompassed a wide range of responsibilities beyond intake. Social service was seen to include strong personal support for family members, referral services, advocacy in

many situations, and dedication to helping the family improve a great variety of living patterns. If the mother had marital or emotional problems, the social worker could be a source of support and a link to community resources. If a birth certificate was missing, the social worker could help her locate a copy. If the husband was an alcoholic, the worker would try to find a service to help him. If the children all sleep in the same bed, she would try to find a better arrangement.

Having a social worker in a day care program with such an all encompassing role in helping the family with the gamut of community services raises a number of questions: Who will this person be? If the worker's responsibility is limited only to those eligible for services, who will provide a helping hand to other families in the center who are not eligible? Will the social worker be housed in the day care program or in the welfare department?

The SDCP programs used both alternatives in providing social services. Tennessee, Georgia, South Carolina and Florida had social workers on the day care staff. In Tennessee, the day care social worker became the welfare department social services worker for those families. With this special solution, duplication of social services was avoided. In Florida, various delays were encountered in staffing the social service position, which remained vacant for sixteen months out of the thirty-one months period when children were enrolled in the center. In South Carolina, there was more emphasis on social services than in any other state. Toward the end of the Project, the program served two geographically separate sites, and employed two caseworkers and five homemakers. The latter are used both in direct child care and in service to families.

The Georgia program employed a social worker half time, although she probably spent more than half time performing her job. The Alabama and Mississippi programs relied for their primary social service on social workers employed with the local welfare department. Day care staff, however, also helped with individual families and their problems.

When the public welfare department social worker becomes the day care worker, problems may arise in terms of primary loyalty to the family, as an advocate for the family, or to the agency, which is under pressure to reduce the number of families on welfare.

> In one state, the day care program sponsored a family night. Mothers were urged to bring husbands, boy friends, and relatives. Turnout was great and lots of people came. Among them was one man whom a child in the program addressed as "Daddy." The local welfare department worker attended the party. Afterwards she

remarked to the center director, "That fellow the child called Daddy looked just like the child. Yet the mother has been telling me the father is gone, and she has a boy friend. Where does that put me in terms of having to apply the rules of my department?"

If social service is defined as doing everything possible to help the family, then a day care social worker not attached to a welfare eligibility office would be in a stronger position to pursue that objective. The one attached to the welfare department can do for the family only things that are consistent with the rules and regulations of her agency. Supposed separation of eligibility determination from provision of social services is not so complete in the SDCP states that it can overcome this problem of conflicting responsibilities. On the other hand, if a family is also being served by the public welfare department and other agencies, as well as a day care social worker, coordination of services is essential if any of the social workers are to be effective.

Mrs. Smith, who lives in a public housing unit, is beset by many problems. She herself has been ill and unable to work. A recent stay in the hospital has left her with unpaid bills there, and the druggist is also trying to collect for medicines. She has been trying to get a divorce, and a private lawyer is sending her bills regarding the divorce proceeding. Discouragement about her problems makes her lethargic, not caring much about what her children are doing. In the meantime an army of social workers is "serving" her. This includes the day care social worker, the one from the housing authority, and the social worker from the welfare department. Private volunteer groups have also been in to see what they could do. The workers' efforts overlap and in the end little is accomplished. None of the helpers have been able to stop the flood of bills nor to direct her on a plan of action to emerge from the morass.

The state child welfare directors and day care center directors associated with the Project considered the problem of how best to provide eligible families in day care with social services. Their conclusion is that a social worker based in the day care center has the greatest daily opportunity of keeping a close contact with clients and understanding their problems. This setting affords the best possibility of building a close ongoing relationship with families. In the interest of fiscal prudence, however,

they conclude that a social worker in a day care center should not be duplicated by another at the welfare office. Instead the social worker in the day care center should be the agency-designated social service worker for the AFDC families served. If the work load of the center worker is lighter than that at the welfare office. additional responsibilities may be provided. One such responsibility might be the coordination of satellite family day care homes. Where a center serves both AFDC and non-AFDC families (with the latter not eligible for or possibly not requiring social services) day care costs may be broken down by functions so that fee-paying families are not required to pay for services they do not utilize. Still, fee-paying families may need social services. If social service for day care parents is to be provided by the social service staff of the welfare department, the problem arises as to who will provide service to families who are not clients of the welfare department. Do these families fall in the gaps between service programs?

B. Health Services

Although provision of necessary health care for children in day care was one of the Project's objectives, health service was not envisioned to be a major budgetary component of the SDCP. Generally it was expected that health care would be obtained through other publicly-funded programs from which day care could seek health services for its children.

Centers expected families to obtain entrance physicals for the children and treatment as necessary from public health facilities and hospital clinics, where available, or from private physicians, through Medicaid (if they qualified) or from their own means.

In the larger cities the day care programs are able to tap enough community resources to meet the health needs of the children. In Atlanta, for example, the program was near a Catholic health clinic that provides free examinations and treatment for residents of the surrounding low-income neighborhood. This clinic also examines siblings and parents of the children in day care. Immunizations were obtained through the local public health clinic.

In Jacksonville, Florida, a special arrangement provided physicians during the first two years of the Project: resident physicians at University Hospital periodically visited the center and examined the children who required physical exams. Their fee was $7 per child, which represented a saving over what these physical exams would have cost in a private doctor's office. During the third year of the Project, an arrangement was made for physical exams through the local health department.

Public health nurses in several states schedule visits at the centers to give needed immunizations and to check periodically on the children. In North Carolina a nurse is part of the regular staff.

In the larger cities many health screening resources are available which day care programs may tap for special services. This includes speech and hearing clinics, the Society for the Prevention of Blindness, and hospital clinics. In the large cities, too, dental screening and sometimes treatment are available through the public health clinics. The Florida Division of Family Services specially contracts for dental care for AFDC children with Medicaid reimbursements. In Tennessee, dental care was volunteered by a dentist who is a member of the church that houses the program.

For the centers located in smaller towns it is often difficult not only to tap special health screening resources, but even to obtain the enrollment physical exams. In Tuscaloosa, enrollment was delayed for several children of low-income parents who had difficulty in finding a doctor for the physical exams. Moreover, staffing of public health clinics in the smaller towns is spotty, which causes problems in using this resource to obtain examinations. In Columbus, Mississippi, physicals for children were frequently delayed because the public health clinic doctor was available too short a time to meet the demands made on her. Treatment is also hard to obtain in the smaller towns. In Tuscaloosa, for a child suffering from occasional seizures, the lack of any diagnostic facility meant that the hospital emergency room was the only place to obtain diagnosis and treatment. Obtaining physical exams and immunizations often involved repeated trips or long waits in clinic waiting rooms. The SDCP experience with visiting public health nurses suggests that, since centers enroll a number of children, the possibility of having public health come to the children should be considered.

Despite problems encountered by some programs in obtaining needed health care, none revised their budgets during the three-year course of the Project to make any major changes in funding health care directly out of their own budgets. Rather they increased their efforts to tie into available community resources and to stimulate community response to provide more health care services. (See also Part II-7 for data on completion of health examinations.)

C. Nutrition

Nutrition is an important component of day care. For some children the midday meal in the day care center is the only hot meal they will eat all day long. The nutrition content of this meal, and of the morning and afternoon snacks, must meet most of the daily needs of children in a full-day program. Some SDCP centers supplement the lunch and snacks with breakfast for early arrivals.

In planning the nutritional program, the Project focused on several factors. All meals are served family style, with staff eating with the children. Children are encouraged to try new foods. Creating attractive meals is a means of stimulating children to enjoy mealtimes, and to sample new foods. The "curriculum" of some programs includes child participation in preparing meals. Some centers swap recipes with parents to involve them in the nutrition program.

To evaluate the meals served by the SDCP centers, a professional dietitian was asked to rate the menus of the centers. The entire week's menus from each center were requested for three designated weeks that were chosen randomly. The dietitian evaluated these menus according to three criteria--nutritional adequacy, attractiveness and variety. Her ratings for the seven centers are shown in Exhibit I-2.

Five centers were rated as having excellent nutritional programs. Two were found to be somewhat deficient, both from their nutritional value, and because they lacked variety and attractiveness. Of course it is possible that the menus did not truly reflect the food as it was served. It is noteworthy that the program with the poorest ratings on adequacy, attractiveness and variety is also the one with the lowest expenditure per child on food. (See Table I-8). On the other hand one of the programs with the highest expenditures was also rated poorly on nutritional adequacy, so that one cannot conclude a direct relationship exists between amounts spent for food and help and the quality of the meals.

EXHIBIT I-2

SUMMARY OF MENU EVALUATION FOR DAY CARE CENTERS

Center and Dates	Adequate Nutrition	Attractive	Variety	Comments
Alabama				
September 11 - 15	Yes*	1**	1**	*The exception was Ascorbic sources on Monday, Wednesday and Friday. As a whole, menus from this center were colorful, as method of preparation. Generally they were good menus; however good and visible sources of ascorbic acid were more often lacking. The fact that certain foods such as apples were frequently used was not overlooked. However, large quantities need be consumed to meet minimum recommended requirements. There were reservations as to whether the portion sizes are sufficient to meet these needs.
October 30 - Nov. 3	Yes*	1	1	
May 15 - 19	Yes	1	1	
Georgia				
An eight-week cycle of menus was rotated throughout the year	No	3	2	These menus followed the same pattern for the eight weeks studied, weaknesses observed were the following: Very little variety. Generally low in fat content. Very few sources of vitamin C; many days were completely

**The best rating is "1"

				void of food sources of vitamin C. Insufficient amount of milk used. Unbalanced meals. Generally meals lacked imagination and were drab. Desserts were more often given at snack time and not a part of the meal. Green and yellow vegetables were used very sparingly. Lunch menus provided few vegetables and often no breads. Snacks were very light.
South Carolina				
October 30 - Nov. 3	No	2	1	These menus were consistently vague as to component, (ex., juice), and therefore it was difficult to judge quality and variety. This was particularly true as far as ascorbic acid is concerned. Generally, sufficient sources of vitamin C are lacking in most of the menus.
September 11 - 15	No	2	2	
May 15 - 19	No	2	2	
Florida				
September 11-15	Yes	1	1	Very good meals--offered a variety in assortment and method of preparation.
October 30 - Nov. 3	Yes	1	1	
May 15 - 19	Yes	1	1	

Mississippi				
September 11 - 15	Yes	1	1	*There were a few exceptions where nutritional value was not up to par
October 30 - Nov. 3	Yes*	2	1	
May 15-19	Yes	1	1	
Tennessee				
September 11 - 15	Yes	1	1	
October 30 - Nov. 3	Yes	1	1	
May 15 - 19	Yes	1	1	
North Carolina (Union County)				
September 11 - 15	Yes*	1	1	*Chocolate milk was the exception. Studies indicate that oxalic acid found in cocoa forms an insoluble oxalate which interferes with the absorption of calcium from the intestinal tract.
October 30 - Nov. 3.	Yes*	1	1	
May 15-19 duplicate of September 11-15.	Yes	1	1	

D. Child Abuse Prevention

"To provide families and children a resource which could reduce child abuse or neglect and juvenile offenses, and which could provide an alternative to removing children from their own homes when such problems exist."

The SDCP documented six cases of child abuse and neglect. The very fact that day care provides a safe place for the child and a short relief or breathing spell for the parent from the child was expected to help prevent neglect and abuse. Also, child neglect as a result of just having too many other problems (poor housing, not enough food or money, etc.) might be mitigated by day care social workers' attempts to identify and take actions toward alleviating the problems.

What constitutes gross neglect or abuse? The SDCP found that there are varying degrees of neglect. Total needs of many children in the program were not met in their homes. Indeed in many cases, the parent's needs were as neglected as those of the child. Evidence of undernourishment or perhaps medical problems does not necessarily mean the parents do not love their children. For the purposes of this Project, this also does not constitute abuse or neglect.

All of the SDCP centers had referrals from various agencies of children who did not have adequate care at home and were considered to be neglected by their parents. Day care then was used to supplement parental care while treatment was carried out with the parents. The center became one source of security these children did not have before and in this way may have alleviated further neglect and abuse.

In the following two cases day care was only a stop-gap measure in preventing neglect. In both, the social worker did all that was possible but when little progress was being made, the social worker referred the cases elsewhere:

> In one family there was gross neglect of the children's needs. When the two children were placed in day care, problems from health to delinquency were identified. The social worker worked intensively with the mother but was continually frustrated because although the mother was responsive to suggestions, she never followed through on any of the action to be taken. The social worker suspected some mental deficiency on the part of the mother and felt that her efforts were increasingly futile. The case was eventually referred to protective services.

The day care staff at once center noticed that a child had received head injuries that the child said had been caused by his mother. Other bruises and marks had been noticed which the staff felt were beyond the normal amount for a boy his age. The mother was partially paralyzed from a stroke and somewhat retarded, the father an alcoholic. After considerable efforts it was decided in the best interest of the child that he be placed in a foster home.

In two other cases the social worker was able to make considerable progress:

When the social worker went to the home of a family, she found the four-year-old at home alone locked inside. The worker was alarmed to see that the child was playing with a pair of sharp scissors. After waiting for 15 minutes, the social worker returned to the center to notify the supervisory teacher. They went back to the home but the mother still had not returned. Upon returning to the center, they notified the office of child abuse. Later that same day, the mother came to the center when she heard that she had missed the social worker's visit. She insisted that her daughter was well trained and quite able to care for herself for short periods of time. The child abuse worker found the mother most cooperative and concerned about her children. At present the case is being closed.

A young teenage mother put her seven-months-old child in a family day care home. When the family day home worker asked about baby food for the child, the mother said she was unaware that she should be feeding her child anything but milk, juice and water from a bottle. Apparently the child had been born in another state. The husband had left and the mother moved back to her home state so that there was no postpartum follow-up by the hospital delivering the child. The baby had not been to a doctor since it was born. The social worker and family day care mother worked closely with this case of neglect and soon amended the situation. The mother was appreciative of the help in teaching her good child care and told the family day care mother, "With you helping me, it's just like having my mother here."

Day care provides a safe setting for those children who are already reported cases of abuse or neglect. The sharing of responsibility may decrease the pressures on parents. Staff then, through daily contact, will be aware if abusive treatment continues.

> Two children entered day care who had been under the supervision of protective services. When the children had physicals for entering the center, the doctor was able to tell that the daughter had already suffered a skull fracture, left arm fracture, left leg fracture, a fractured rib and a head injury. When confronted with these findings, the mother brushed it off by saying that the child was clumsy. Another time when scratches were noticed on the child's back, the mother said they were due to the child scratching her back. Although the social worker attempted to work with the mother in this area, the mother's reply was, "I saw a TV show on child abuse, and you should see what some people do to their children."

Even when a social worker is actively involved in a case and has established a good relationship, incidents of abuse do occur and the child may have to be temporarily or permanently removed from the situation.

> One social worker worked intensively with a divorced father raising his son. While the father had a number of problems he was extremely concerned about the welfare of his child. He had a very good relationship with the social worker; in fact, at one time he had told her that she was one of the few people in the world he had any faith in. Either because of his overwhelming problems or because he was mentally unbalanced, the father eventually severely beat his child when he was drunk. The child was placed in foster care and the father sent to a work farm.

While it is at least possible to identify problems and work with cases of physical abuse or neglect, the social worker's job becomes much more difficult and frustrating in dealing with emotional neglect. Directors of SDCP centers stated emotional deprivation may be a more widespread problem than anyone would like to imagine. One center reported no incidents of physical neglect or abuse but was concerned over the emotional neglect of several children. An example they found of emotional neglect was the case of a grandmother who felt she was stuck with the care of a grandchild and was letting the child know she was a burden.

Decisions in handling possible child abuse situations need sensitivity in weighing responsibilities and actions. In the previous case of the child locked in the house, the social worker reported the case immediately. The child's mother had a nervous condition and was unstable. Even though the mother did need counseling and help in this area, she was made more upset because she had been reported to the authorities and an official investigation had to be made. The DeCourcys warn that "...(public welfare departments') attempted relationships with and supervision of parents may result...in increased parental irritation and abuse of the supposedly protected child."* As it was, protective services eventually turned the case back over to the day care social worker since the department was understaffed and could not get to the case.

Action in response to possible child abuse creates a real dilemma for staff. The day care relationship may be a real opportunity to alleviate abuse. Before turning a case over, the social worker should consider whether she is doing an injustice to the family, whether the potential of day care services and social work has been exhausted, and whether turning the case over might ultimately damage the family's potential to change. Success in preventing child abuse, like success with other preventive services, is difficult to document. Day care offers a strong support to families with multiple problems which might otherwise result in neglect or abuse.

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*Peter and Judith DeCourcy, A Silent Tragedy; Child Abuse in the Community, Alfred Publishing Company, 1973, p. 15.

PART II

OBJECTIVES FOR CHILDREN

SECTION 1. WHO WAS SERVED

During the three years of the Project, 659 children were enrolled in the various programs.* Three-fourths of the children were preschoolers in center programs, and 12 percent were preschoolers in family day care programs. The rest were school-age children, primarily cared for in center programs. (See Table II-1.) Tennessee served more children in family day care homes than any of the other SDCP programs.

Upon enrollment, 6 percent of the children were less than six months old, 28 percent between six months and three years. Over half of all the children were four- and five-year olds, with the remaining 14 percent being school-age, primarily in the six- to ten-year age bracket. (See Table II-2.)

Each program except Florida served infants and toddlers. These young children were cared for in centers in Alabama, Georgia, Mississippi and North Carolina. They were served in family day care homes in South Carolina and Tennessee. At one time, Georgia also had a family day care home that served infants. The Alabama program, as may be seen in Table II-2, served primarily infants and toddlers. In North Carolina 33 percent of all the children were less than two years old.

Since the SDCP used Title IV-A funds, most of the families served had to be low income. As a matter of fact, nearly half of the families were welfare recipients. (For detailed information on income and components of income, see Part III, Section 2.) Lack of a male head of the family was a contributing factor to the low incomes. Half of the families were headed by women, with only 31 percent having a father or male guardian. (See Table II-3.)

The SDCP statement of philosophy held that "Day care should make every effort to serve families with different economic, cultural and ethnic backgrounds and to prevent segregation on the basis of any of these factors." Most centers did not have much choice

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*This excludes all children enrolled less than six weeks.

in this matter, as a number of built-in constraints, (i.e., federal and state guidelines, geographic location) prevented programs from fully meeting this objective. The distribution of children by race is shown in Table II-4. In Georgia all the children were black. In the other programs the proportion of black children ranges from 62 percent in Tennessee to 90 percent in Mississippi.

The proportion of black children in a program is partially a function of how eligibility for the program was defined. In Georgia, eligibility was determined on a geographically-defined, group basis and the center served a low-income neighborhood which included few white families. The radius of service in Tennessee, on the other hand, included a racially-mixed neighborhood.* Where programs were not tied to a geographic definition of the area to be served, they were able to attract children of both races even if the immediate vicinity consisted of children of one race. All programs initially made it a point to enroll some children who were not current, former nor potential AFDC recipients. Title IV-A guidelines, until mid-1973, permitted 15 percent of the children to be from non-poverty families. Early in the Project several states defined "potential" to include student families; these children contributed to the heterogeneity of the groups. In one center some Oriental students enrolled their children.

The practice in some programs of charging fees tied to family income made it possible to promote some degree of economic mix, which helped provide integrated enrollment. The fee practice of each program is shown in Table II-5. Overall, 29 percent of the children paid fees ranging from $5 to $20 per week. Some programs stressed fee payment more than others. For example, in Florida over half of the children paid nominal fees. A similar practice was followed in South Carolina. In Alabama and Georgia no fees were charged for any children.

Charging fees in a publicly-funded program raises a number of issues. Who decides what the fee structure should be? When a family has trouble paying a fee, who decides whether it is waived? If the fee is geared to income, is the staff (or director) put in the position of having to check on income changes? Does this create an uncomfortable situation that gets in the way of building a good relationship between the parent and the center?

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*In Tennessee, where the program is housed in a transitional neighborhood in a church whose congregation is white, blacks were somewhat reluctant initially to enroll their children, although this was completely overcome by the end of the Project.

The initial policies on whether fees would be charged were designed by public agency or program directors. Some centers felt that paying a fee was an important symbolic gesture even if it was only a nominal amount, and that it made parents feel proud that they were participating in a concrete way. In one center the question of whether to have fees was put to a vote and the parents voted to have a fee system. In other centers, parents had some inputs on fee policies later on. Social workers had the responsibility of determining family income levels and responsibility for fee payment. When parents had trouble paying fees because of unexpected budget problems, the fees were often waived. In South Carolina and Florida the center director had this responsibility. Because no policy was set and no input taken from parent groups or advisory committees, the decision risked being arbitrary or paternalistic.

Toward the end of the Project, the 1973 federal guidelines on eligibility for social services created considerable pressure toward serving almost exclusively AFDC families. This tended to reduce the racial and economic mix of children served in the programs. Most centers felt chagrined that this cultural richness was lost.* Some programs, to meet the guidelines, separated ineligible families from the centers. Others limited new enrollment exclusively to AFDC families. The fact that the federal guidelines permitted service to a number of "ineligible" families if they paid the full cost of service, was of little help, since fees to cover the full cost of the programs would have greatly exceeded the existing maximum fees of $15 - $20. (See Part I, Section 4.)

*In Tennesse, the parents were so distressed about the prospect of losing the racial and economic mix, that they petitioned federal officials to maintain the possibility of serving "ineligible" families.

TABLE II-1

TYPE OF CARE PROVIDED

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Family Day Care	0	0	4	1	0	17	39	12
After-School Center Care	0	31	4	0	0	2	17	10
After-School Family Care	0	0	1	0	0	0	0	0
After-School Summer Care	0	4	0	0	0	0	4	2
Preschool Center Care	100	65	90	94	100	81	38	76

TABLE II-2

AGES OF CHILDREN ON ENROLLMENT

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
6 months	40	0	7	7	7	3	6	6
6 months - less than 2 years	47	0	19	13	26	9	14	15
2 years - less than 3 years	10	4	13	33	15	3	15	13
3 years - less than 4 years	3	25	26	31	15	34	22	24
4 years - less than 6 years	0	36	28	16	29	46	19	28
6 years - less than 11 years	0	26	7	0	7	6	19	12
11 years or older	0	8	0	0	0	0	4	2

TABLE II-3

PRESENCE OF ADULT MALE IN FAMILY

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
No Male Present	63	55	40	60	49	51	44	50
Father or Male Guardian	17	21	38	18	31	44	35	31
Grandfather	13	14	9	16	7	3	17	11
Older Brother	0	4	0	0	4	0	0	1
Other Male Present	8	7	13	7	9	1	4	6

TABLE II-4

RACE OF CHILDREN ENROLLED IN SOUTHEASTERN DAY CARE PROGRAM

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Black	77	89	100	90	71	65	62	77
White	23	11	0	10	30	29	36	22
Other	0	0	0	0	0	6	2	1

TABLE II-5

FEES PAID FOR CARE

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
No Fee	100	28	100	86	72	48	89	70
Under $5.00	0	57	0	1	20	37	1	20
$5.00-$9.00	0	7	0	9	3	13	1	5
$10.00-$14.00	0	6	0	0	0	3	5	3
$15.00 +	0	2	0	0	5	0	0	1

SECTION 2. MEETING TOTAL CHILD CARE NEEDS IN ONE FAMILY

"To meet the needs of the family for day care services.

The day care center either directly meets the child care needs of the family by enrolling the children who require care or making suitable arrangements for care of children who are not accommodated directly by the center."

A mother who wishes to work and finds child care for one preschooler, but not the other, obviously has not had her total child care needs met. When a mother has a seven-year old returning from school to an empty house, the fact that her preschooler is cared for has not solved her total needs. Also, if she has to place two children in separate centers, thereby deal with two separate agencies, and make two stops to leave and pick the children up, her arrangements do not efficiently meet her needs.

Yet day care programs have limitations in space and staff and often cannot accommodate all children in a family. Also programming may be easier if only a certain age group is served than if the entire age range is accommodated. Is it possible to overcome these constraints and to provide for total child care needs? Where do priorities usually lie, to facilitate arrangements for the parent and family, or to confine programs to certain age groups and stay within space and staff limits?

The SDCP has had considerable success in serving the preschool children of a family but somewhat less success in serving school-age children. There were 387 families in the programs who had preschoolers. Altogether there were 634 preschoolers, of whom 574 were enrolled in the SDCP. Thus, other arrangements were needed for only 60 preschool siblings. There were 157 Project families who had 268 school-age children aged six through ten, but only 85 school-age children were enrolled in the Programs. Some of these 85 were older than ten, leaving at least 163 school-age siblings aged six through ten that were not cared for by these programs.

That the SDCP cared for many siblings is further borne out by the fact that 40 percent of all SDCP families had more than one child enrolled. (See Table II-6.) The highest percent (52%) of families who had siblings rather than just one child enrolled in the program occurred in Florida.

Enrollment interviews revealed various child care arrangements for preschool siblings of SDCP enrollees. (See Table II-7.) For 55 percent of the families there were no other preschoolers beside the one enrolled. Twenty-eight percent of the families used other facilities (day care centers, Head Start, etc.) Mothers in 8 percent of the families were home to care for other preschoolers. These arrangements, as reported upon enrollment of a child, might have changed or improved during the day care experience, as additional slots became available for siblings.

Case records suggest that only 8 percent of all families appeared to have clearly unsatisfactory arrangements for their other preschoolers. (See Table II-8.) By the end of enrollment, improvement in arrangements for other preschoolers was noted for 7 percent of the families. (See Table II-9.) The families where improvement was noted may well have been the ones where the arrangements were poor to begin with, although the data do not permit this conclusion with certainty. Improvement in arrangements includes various possibilities: enrollment of the sibling in the SDCP program as slots opened up, acceptance of a child in another day care program, or better care provisions at home or with neighbors.

Tennessee developed a program that could care for all children in a family: infants and toddlers in family day care and children 3-12 in center care. However, there were a few occasions when openings did not fit the needs of applicant families. The question arose whether family-child care needs might more easily have been met if the center could have taken children of all ages, or if the family day care home could have served older as well as young children. If programming differs in the center and family day care homes according to the ages served, some flexibility of assignment of children to one or the other facility is lost.

Other programs tried to be flexible about ages when they accepted placements to meet total family-child care needs. For example, in Florida a two-and-one-half-year old was enrolled despite the age limit of three-five years, to accommodate a serious need in one family. In Mississippi the program expanded to serve infants. Five-year olds who theoretically were to move on to a community Head Start program were often allowed to remain when openings in Head Start were not available. Other programs made determined efforts to place siblings in other facilities when their own enrollment was full or could not serve that age.

Generally preschool needs seem to have been met to a very high degree. School-age care was offered only in Florida and Tennessee. In Tennessee the school-age program had difficulty at the beginning of the Project in attracting enrollees. The school-age program was much slower in filling up than the preschool program, but as the

program became more visible, it gained acceptance and developed a waiting list for school-age day care as well as for preschoolers.

School-age care was also offered to a limited extent toward the end of the program in Georgia. The school-age program in Georgia was part of the original proposal. The school-age program did not develop until several preschoolers were ready for first grade and obviously too young to come home in the afternoons to an empty house, and until older siblings of enrolled children needed care. The response to such needs demonstrates that flexibility on the part of a day care program as to what ages to serve may be more reasonable than a definite age limit that is strictly enforced.

While it seems that day care could be expected to meet the total child care needs for a majority of families, what about the one quarter of the families who have children in other settings? If this means that a parent has to make two stops to take and pick up children, and relate to two sets of programs and staff, is this really meeting total child care needs adequately? Some cases of multiple arrangements occur by the family's choice. For example, a relative may have been willing to care for an infant or receive an older child after school, but may have been unwilling to keep up with an active four-year old all day.

Day care, as currently conceived and funded, may be limited in its ability to serve total child care needs. The majority of day care programs are set up to serve children from three- to six-years of age, with some accepting children at two if they are relatively mature. Very little school-age day care exists according to the statistics on working women with children under 12. Day care systems which presume to meet total child care needs for any family may need to look at alternatives that would allow them to serve a wider age range. Programs that use flexibility and resourcefulness in their enrollment policies will be more likely to meet parents' child care needs.

TABLE II-6

FAMILIES WITH SIBLINGS ENROLLED IN SDCP PROGRAMS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
More than One Child Enrolled	17	52	44	40	49	26	36	40

TABLE II-7

CHILD CARE ARRANGEMENTS
FOR PRESCHOOL SIBLINGS OF SDCP ENROLLEES

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Mother	17	7	2	20	9	13	1	8
Other Person in Home	4	10	2	4	0	3	1	3
Other Person Outside Home	4	6	2	7	0	8	3	4
Other Person Location Unspecified	0	1	0	0	0	0	1	1
Other Faciltiy	25	18	33	27	49	17	29	28
Unknown, No Preschoolers, and No Other Preschooler	50	59	60	42	42	60	65	56

TABLE II-8

INITIAL CHILD CARE ARRANGEMENTS
FOR PRESCHOOL SIBLINGS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Unsatisfactory	21	11	4	4	6	8	6	8
Satisfactory	29	27	33	38	51	32	19	32
No Preschool Siblings	50	60	60	40	44	54	75	57
No Record	0	1	2	18	0	6	0	3

TABLE II-9

IMPROVEMENT IN CHILD CARE ARRANGEMENTS
FOR PRESCHOOL SIBLINGS BY END OF PROGRAM

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Improvement	29	4	9	4	6	8	2	7
No Change	4	8	0	4	4	3	4	4
No Record	8	9	4	33	13	20	19	17
Not Applicable*	58	78	87	58	77	69	75	73

*Not applicable = already good or no other preschoolers

SECTION 3: LENGTH OF ENROLLMENT AND WITHDRAWAL REASONS

Outcomes on the measure of length of enrollment have significant implications for day care programs. If the center is confident of having a stable relationship with a family, long-range program planning is facilitated. The long period of enrollment permits a secure relationship to evolve between families and social workers. Real progress on family problems may be achieved.

Almost half (49 percent) of the children in the SDCP were enrolled less than a year. An additional 34 percent withdrew in the second year of enrollment. Fourteen percent of the children were in the program 24 to 36 months.

Alabama and Georgia centers had very stable enrollments. Over half (54 percent) of the Alabama children were enrolled more than two years. In the Georgia center, where the program existed only 30 months, 47 percent of the children remained in the program for more than a year and a half of enrollment. The North Carolina program started a year later; children were not taken until the second year of the Project. Thus, the bulk of the children were enrolled less than 23 months. For the breakdown on length of enrollment, see Table II-10.

The families who tend to have longer enrollments for their children may be the ones who have fewer problems to begin with. They may be the stable families, with good social functioning. The families with the shortest enrollments may actually be the ones who are least likely to develop stable relationships, thus reducing any program's opportunity to help them overcome instability in many areas.

The SDCP found that improvement on many dimensions of life styles was associated with longer periods of enrollment. Thus, an increasing proportion of the families in each time period shows better skills after day care, as the enrollment period is longer. For instance, the social worker's final assessment of total family income shows that for families involved with the program less than six months, 24 percent have better incomes, whereas of those involved 30 to 36 months, 68 percent have better incomes. Other dimensions showing similar increases with time are: better verbal communication with child, cleaner homes, better use of family planning, better homemaking skills, better appearance, budgeting on food and non-food items. (See Table II-11.)

Many children in the SDCP were still enrolled when the Project ended July 1, 1973. However, of the 659 children, 356 did withdraw from the program. The two centers which had the fewest children withdrawing were Alabama and Georgia. This outcome confirms that the two programs had stable enrollments.

The 356 children were withdrawn from the programs for a number of reasons. The largest group, 118 children, were withdrawn because day care was no longer needed. The general heading, "Day care was no longer needed," includes cases

in which the child went to school or to Head Start, in which the child was too old for the program, or in which the parents desired the child to have the summer "off."

Transportation and moves within the city comprise the second most frequent withdrawal reason. One center in Florida, with a large school-age day care program, was affected by busing to achieve integration. Ten children in the Florida center terminated because of bus scheduling. The Tennessee school-age program also had problems with busing.

Centers in Georgia, South Carolina and Tennessee had carefully defined geographic areas from which families were eligible for service. Moves out of the area meant families could no longer be served although some flexibility was allowed. In those programs respectively, 4, 13 and 10 children were withdrawn because of moves out of the neighborhood.

Changes in federal regulations caused a substantial number of withdrawals. In preparation for meeting new Social Security Act, Title IV-A regulations, children in ineligible families were terminated by some programs in spring, 1972. Terminations because of changes in federal regulations were highest in South Carolina (21 percent). Where no families were terminated under the regulations, ineligible families may not have been identified by July 1, 1973, or states delayed action since there was confusion and uncertainty about when new regulations were to be in effect.

Moves out of town and changes in mothers' work schedules are common reasons for withdrawal. Forty-six children moved away from the community in which the center was located. An additional 30 children withdrew when their mothers changed shifts or left their jobs.

Dissatisfaction with the program constituted a small fraction of reasons for withdrawal. Overall, only 17 children were withdrawn because parents were unhappy with the program. There were only isolated withdrawals due to a parent's difficulty in handling a staff position while having a child enrolled.

The complete analysis of withdrawal reasons is given in Table II-12.

TABLE II-10

PERCENTAGE DISTRIBUTION BY LENGTH OF CHILD'S ENROLLMENT

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Less than 6 months	7	36	8	13	19	22	22	21
6 - 11 months	13	11	29	21	43	28	33	28
12 - 17 months	17	17	15	21	17	25	12	17
18 - 23 months	10	18	32	14	17	19	11	17
24 - 36 months	54	15	15	13	2	6	18	14
No Record	0	4	0	14	2	1	4	4

TABLE II-11

SOCIAL WORKER'S ASSESSMENT OF IMPROVEMENT
OF LIVING PATTERNS OVER TIME

(Percent of Families in Time Period)

Months of Enrollment	Less Than 6	6-11	12-17	18-23	24-29	30-36
Family Income	24	34	47	61	66	68
Verbal Communication with Child	8	27	24	42	50	42
Cleanliness of Homes	5	14	28	23	42	16
Use of Family Planning	6	14	19	23	44	23
Homemaking Skills	1	15	26	37	31	26
Homemaker's Appearance	7	14	17	24	38	19
Budgeting on Food Items	5	8	13	31	38	23
Budgeting on Non-Food Items	5	4	14	26	38	19

TABLE II-12

REASONS FOR WITHDRAWAL FROM PROGRAMS

(Number of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Child no longer needs day care	0	20	5	19	19	20	35	118
Transportation or Family Moved out of area	0	22	10	1	0	15	17	65
Federal regulations	3	15	0	6	4	21	0	49
Family moved out of town	6	1	4	6	6	13	10	46
Mother quit work or changed shift	0	5	3	0	11	3	8	30
Dissatisfaction with program	0	0	0	1	4	1	11	17
Parent's conflict Parental and staff roles	1	0	1	0	1	0	2	5
Other - Placement in foster care, death or illness, unknown	0	9	1	2	7	3	4	26
Total	10	72	24	35	52	76	87	356

SECTION 4: CHILDREN'S PROGRESS ON DEVELOPMENTAL OBJECTIVES

The development of the children in the SDCP centers was monitored by regular ratings on rating forms planned for this purpose. Development of the rating forms as well as analysis of reliability and validity are described in Southeastern Day Care Project Rating Forms. An illustrated manual for use of the forms, Evaluating Children's Progress, is also available.

The items on the scale were selected by the SDCP staff from known standards of normal development for children. The success or failure of an item is important to a child's development, but it is not turned into a score or a label that might be misinterpreted.

The ratings were used to measure each child's progress towards meeting the SDCP objectives of healthy and normal child development. As stated early in the Project, these objectives were: "To promote the healthy growth and development of each preschool child according to his own potential in the following areas: physical development, social and emotional development, motor skills, intellectual development, creativity, and self-help skills."[1]

Staff were to rate children at planned intervals to evaluate children for SREB and to provide child care staff information about each child's progress. This information would serve as a basis for planning for individual children and as a basis for curriculum.

Each rating form covers the cognitive, the social-emotional, the motor, and the hygiene/self-help areas. Development in each area is assessed by observing the child's behavior on a series of developmental tasks. For example, in the cognitive area, a four- and five-year item is "Draws human figures with head, body, arms and legs." Social-emotional item for the same age group is "Seeks a child to play with." Examples of motor and hygiene/self-help tasks, respectively are "Hops on one foot, then the other in continuous movement from place to place," and "Will try new foods when served." On the younger age forms, the items are appropriately geared to the age being rated.

This report summarizes the results of the ratings, including for each age category numbers of children rated, group performance on first and last ratings, and changes in the performance of individual children in their paired first and last ratings.

Shortly after admission to the program each child was rated on the form appropriate to his age. A total of 450 preschoolers were rated upon entry. Included are 112 two-year-olds, 150 three-year-olds, and 188 four- and five-year-olds.

[1]The Southeastern Day Care Project: It's Philosophy and Objectives. (Atlanta: Southern Regional Education Board, 1971).

The states differed in the consistency with which they administered the ratings. All states rated at least 70 percent of their preschoolers upon entry. The proportion of children rated ranges from 71 percent in South Carolina to 98 percent in Florida. SDCP monitoring staff perceived a drop-off in routine administration of the ratings during the third year of the Project. Thus, new children entering during the third year may not have been rated. This decline in commitment to the process of rating is probably responsible for the lower overall proportions.

PROPORTION OF PRESCHOOLERS RATED UPON ENTRY

Alabama	73 percent
Florida	98
Georgia	84
Mississippi	73
North Carolina	78
South Carolina	71
Tennessee	78

Of the children who were rated, at least 90 percent were rated on the form designed for their age. The few cases when a child was not rated on the form for his age include some errors, but also some purposeful instances when a mature child was rated on a form above his age or when a slow child was rated on a younger form.

PRESCHOOLERS RATED ON APPROPRIATE AGE FORM

(First Rating)

Alabama	100 percent
Florida	96
Georgia	91
Mississippi	92
North Carolina	92
South Carolina	94
Tennessee	95

Children were rated again after some months had elapsed in day care. This is designated as the "last" rating. Due to coding procedures, it is impossible to tell how many months separated these ratings, and how many, if any, ratings were done between the first rating and the last. It is clear, though, from the children's folders that many had had three or four ratings. Thus, to at least some extent, the objective of periodic ratings was carried out.

There were 354 children included in the last ratings. Of these children, 35 were two years old, 63 were three, and 256 were four or five. In each center a lower percentage was given a "last" rating than the initial rating. The proportion of children rated upon entry is indicative of commitment to the rating process. The lower proportion rated the second time cannot be similarly interpreted because some children were enrolled for short periods of time or left before a second rating was due.

PROPORTION OF PRESCHOOLERS WITH FIRST AND LAST RATING

Alabama	67 percent
Florida	74
Georgia	75
Mississippi	61
North Carolina	64
South Carolina	52
Tennessee	54

Again, on last ratings, the match between the child's age and the age of the form administered is excellent.

PRESCHOOLERS RATED ON APPROPRIATE AGE FORM

(Last Rating)

Alabama	95 percent
Florida	95
Georgia	92
Mississippi	100
North Carolina	81
South Carolina	92
Tennessee	92

Progress of the children as they matured in day care was a focal point of the SDCP evaluation. Progress is evaluated by obtaining baseline performance on initial ratings and comparing this to performance at withdrawal or end of the Project. The frequency distribution of the group's initial performance is compared to the results of the group's performance at the time of the last rating.

In addition to this group analysis, each child's baseline performance was paired to his performance at the last rating on the same age form. This pairing yields exact knowledge of the difference in a child's performance: whether progressed, made no change, or fell behind his previous performance. Normally as a child matures, he masters more and more of the tasks. Thus, an older child probably succeeds on proportionately more items on a form than a child who is several months younger.

Change in a child's performance is expressed as the difference in the number of items in a developmental area on which he succeeds in the early rating relative to the number in the later rating. (Since the items constituting the various forms are not comparable, no comparison can be made between an early rating on one form and later rating on another.) For a maturing child, then, the difference will be positive; there will be improvement in the performance. But a child can have a poorer performance when he misses items he previously performed.

In sum, presentation of the analysis on ratings compares each age group's performance on initial and later ratings. Also, for each age and in each developmental area, analyses are presented of the changes of each child's performances on his paired tests.

RATINGS FOR TWO-YEAR-OLDS

The two-year rating form was administered to 109 children at the time they entered day care. In three developmental areas, cognitive, motor and hygiene/self-help, initial performance was distributed fairly evenly from small to great success. On social-emotional items, though, most of the group succeeded on all tasks.

Cognitive Area

	Children Rated	Percent of Children Succeeding on Items			
		0-4 items	5-8 items	9 items	10 items
First rating	108	23 percent	53 percent	12 percent	12 percent
Last rating	34	3	50	24	24

Social-Emotional

	Children Rated	Percent of Children Succeeding on Items		
		0 items	1-2 items	3 items
First rating	106	2	26	73
Last rating	34	0	9	91

Motor

	Children Rated	Percent of Children Succeeding on Items		
		0-5 items	6-7 items	8 items
First rating	109	23	44	33
Last rating	34	6	35	59

Hygiene/Self-Help

	Children Rated	Percent of Children Succeeding on Items		
		0-3 items	4 items	5 items
First rating	107	32	20	49
Last rating	34	12	15	74

This initial performance suggests that in all areas except the social-emotional there is room for substantial change which occurs by the last rating. In the cognitive area, over half of the children made some improvement, (3 or 4 additional items) and 30 percent made moderate or great improvement (5-10 additional items). Four children did not do as well on the second rating as they had on the first. On the last rating, 48 percent of the children succeeded on 9 or 10 items as contrasted to 24 percent on the first rating.

CHANGE IN PERFORMANCE OF INDIVIDUAL TWO-YEAR-OLDS

Cognitive Area

	Poorer Performance	No Change	Improved on No. of Items			Total
			1-2	3-4	5-10	
No. of children	4	12	8	7	3	34
% of children	12	35	24	21	9	100

In the social-emotional area there was little change. About three-quarters of the children made no change. This was expected since the same proportion succeeded on all items initially. Only one child did not do as well on the last rating.

CHANGE IN PERFORMANCE OF INDIVIDUAL TWO-YEAR-OLDS

Social-Emotional Area

	Poorer Performance	No Change	Improved on No. of Items			Total
			1	2	3	
No. of children	1	25	6	2	0	34
% of children	3	74	18	6	0	100

Motor development showed considerable improvement. One-third of the group made no improvement, while half made some improvement. Five children succeeded with fewer tasks on the last rating than they had in the first. On the last rating, almost twice as many children succeeded on all items as did so initially.

CHANGE IN PERFORMANCE OF INDIVIDUAL TWO-YEAR-OLDS

Motor Area

	Poorer Performance	No Change	Improved on No. of Items 1-2	3	4-8	Total
No. of children	5	11	11	4	2	33
% of children	15	33	33	12	6	100

The hygiene/self-help area showed some improvement, though half the children did not change. The initially high performance accounts for this lack of change. Of the remaining children, 45 percent made some improvement. Two children succeeded on fewer items. On the last rating, three-quarters of the children succeeded on all items as compared to half who did so initially.

CHANGE IN PERFORMANCE OF INDIVIDUAL TWO-YEAR-OLDS

Hygiene/Self-Help Area

	Poorer Performance	No Change	Improved on No. of Items 1-2	3	4-5	Total
No. of children	2	16	12	2	1	33
% of children	6	49	36	6	3	100

RATINGS FOR THREE-YEAR-OLDS

On the three year form, 150 children were rated upon entry. In all developmental areas except the cognitive, the children's performance tended to be high. Few children fell into the lowest performance bracket. In the cognitive area, though, performance is more evenly divided across the brackets.

Cognitive Area

	Children Rated	Percent of Children Succeeding on Items 0-3 items	4-5 items	6-7 items	8 items
First rating	150	33 Percent	18 Percent	29 Percent	21 Percent
Last rating	62	13	15	36	37

Ratings for Three-Year-Olds (Continued)

Social-Emotional

	Children Rated	Percent of Children Succeeding on Items		
		0-2 items	3 items	4 items
First rating	150	14	26	60
Last rating	62	7	18	76

Motor

	Children Rated	Percent of Children Succeeding on Items		
		0-3 items	4-7 items	8 items
First rating	150	19	52	29
Last rating	62	10	52	38

Hygiene/Self-Help

	Children Rated	Percent of Children Succeeding on Items		
		0-4 items	5 items	6 items
First rating	150	17	17	65
Last rating	62	11	8	81

On the last three-year rating the greatest improvement occurred in the cognitive area. This finding is similar to the results on the last two-year rating. The cognitive was the area of weakest performance on the first rating and the area having much room for improvement by the second. A majority (68 percent) of the children showed some improvement. These children mastered an additional five to eight tasks by the last rating. All children performed at least as well on the last rating as they had on the first. On the last rating, 37 percent succeeded on all items, as compared to 21 percent earlier.

CHANGE IN PERFORMANCE OF INDIVIDUAL THREE-YEAR-OLDS

Cognitive Area

	Poorer Performance	No Change	Improved on No. of Items			Total
			1-2	3-4	5-8	
No. of children	0	7	5	4	6	22
% of children	0	32	23	18	27	100

Performance of the three-year-olds in social-emotional development showed less change. More than one-third of the children did not improve, while another third only mastered one new item. Two other children performed worse on the last rating. On the last rating, three-quarters succeeded on all items, as contrasted to 60 percent on the first rating.

CHANGE IN PERFORMANCE OF INDIVIDUAL THREE-YEAR-OLDS

Social-Emotional Area

	Poorer Performance	No Change	Improved on No. of Items 1	2-4	Total
No. of children	2	8	8	4	22
% of children	9	36	36	18	100

In the motor area, again the children showed little change. Fully three-quarters of the children did not master more than 2 new items by the final rating. Twenty-three percent added three to eight of the tasks to their repertory.

CHANGE IN PERFORMANCE OF INDIVIDUAL THREE-YEAR-OLDS

Motor Area

	Poorer Performance	No Change	Improvement on No. of Items 1-2	3	4-8	Total
No. of children	1	5	11	3	2	22
% of children	5	23	50	14	9	100

Results in the hygiene/self-help area also show slight change. About 60 percent of the group did not change, and one-quarter only gained one or two items. Two children added 4 to 6 new tasks, while two performed worse on the second go-round. On the last rating, most children (81%) succeeded on all items.

CHANGE IN PERFORMANCE OF INDIVIDUAL THREE-YEAR-OLDS

Hygiene/Self-Help Area

	Poorer Performance	No Change	Improved on No. of Items 1-2	3	4-6	Total
No. of children	2	13	5	0	2	22
% of children	9	59	23	0	9	100

RATINGS ON FOUR- AND FIVE-YEAR OLDS

On the four- and five-year ratings success varied considerably across the four developmental areas. Success rates were high in two developmental areas: motor and hygiene/self-help. Outcomes in cognitive and social-emotional areas, though, were generally distributed across the range from limited to high success. Initially, 42 percent of the children succeeded with ten or fewer cognitive tasks, while only 2 percent of the group completed all 20 tasks. In the social-emotional area, 22 percent of the children performed 10 or less items, while 32 percent completed all items. By contrast, in the realm of motor growth, only 4 percent of the children fell into the lowest performance bracket, 0 to 3 items, and 45% completed all items. Similarly, for self-help development, only 2% of the children performed in the low category, 0 to 3 items, and 37% completed every task.

Cognitive Area

	Children Rated*	Percent of Children Succeeding on Items					
		0-10	11-13	14-16	17-18	19	20
First rating	188	42	25	16	12	4	2
Last rating	256	14	16	27	23	13	7

Social-Emotional

	Children Rated	Percent of Children Succeeding on Items			
		0-10	11-13	14	15
First rating	188	22	32	14	32
Last rating	254	8	26	23	44

Motor

	Children Rated	Percent of Children Succeeding on Items		
		0-3	4-7	8
First rating	187	4	51	45
Last rating	255	1	29	70

*The group of children with the "last" rating on the four- and five-year form exceeds that with first, because many three-year olds-turned four during their enrollment in day care.

Hygiene/Self-Help

	Children Rated	Percent of Children Succeeding on Items 0-3	4-7	8
First rating	187	2	60	37
Last rating	256	0	34	66

As with the younger children, more change occurs between first and last ratings in the areas of weaker early performance than in those with strong first showings. Thus for the four- and five-year-olds, the areas in which the greatest development might have occurred are the cognitive and social-emotional areas.

Outcomes in the cognitive area include a high degree of moderate or great improvement. But nine children dropped back from the earlier rating. On the last rating, only 20 percent completed 19 or 20 items as compared to 6 percent who did so on first rating.

CHANGE IN PERFORMANCE OF INDIVIDUAL FOUR- AND FIVE-YEAR-OLDS

Cognitive Area

	Poorer Performance	No Change	Improved on No. of Items 1-4	5-8	9-20	Total
No. of Children	9	4	49	42	30	144
% of Children	6	10	34	29	21	100

The social-emotional area, too, showed improvement. Many children mastered items which they could not do previously. But a full 18 percent performed worse on the last rating. On their last rating, 67 percent completed 14 or 15 items as contrasted to the 46 percent who did so at first rating.

CHANGE IN PERFORMANCE OF INDIVIDUAL FOUR- AND FIVE-YEAR-OLDS

Social-Emotional Area

	Poorer Performance	No Change	Improved on No. of Items 1	2-22	Total
No. of Children	26	41	16	61	144
% of Children	18	29	11	42	100

Motor and hygiene/self-help areas showed little change. On motor tasks, 88 percent made no improvement or added only one or two items. Eight children did not perform as well on the later rating. Similarly, for hygiene/self-help, 84 percent made little improvement and again eight children missed items they had previously achieved.

CHANGE IN PERFORMANCE OF INDIVIDUAL FOUR- AND FIVE-YEAR-OLDS

Motor

	Poorer Performance	No Change	Improved on No. of Items 1-2	3	4-6	Total
No. of Children	8	67	54	6	7	142
% of Children	6	50	38	4	5	100

CHANGE IN PERFORMANCE OF INDIVIDUAL FOUR- AND FIVE-YEAR-OLDS

Hygiene/Self-Help

	Poorer Performance	No Change	Improved on No. of Items 1-2	3	4-6	Total
No. of Children	8	54	66	12	3	143
% of Children	6	38	46	8	2	100

Thus, on the four and five-year form, as well as on the three-year one, the children perform well in the motor, self-help, and social-emotional areas. The outcomes in these areas for all three age groups show fast rates of development. For two-year-olds, these areas are quite new and show large gains from first to last rating. Older three's and four- and five-year-olds succeed so well on their initial rating that only moderate change is possible by the time of the last rating. This pattern suggests fast, early development. Apparently the motor, self-help and social-emotional areas develop naturally and may need less specific intervention by the day care center.

The cognitive area does not show this neat pattern of early development. The items in this section are less apt to be achieved at first rating and therefore serve as useful discriminators throughout the period of enrollment. At the time of last rating, outcomes in the cognitive area are still very much spread across the span from little to great success.

PERFORMANCE IN COGNITIVE AREA AT LAST RATING

	Children rated	Percent of Children Succeeding on Items 0-4 items	5-8 items	9 items	10 items
Two-Year-Olds	34	3	50	24	24
	Children rated	**0-3 items**	**4-5 items**	**6-7 items**	**8 items**
Three-Year-Olds	62	13	15	36	37

Performance in Cognitive Area at Last Rating (Continued)

	Children rated	Percent of Children Succeeding on Items					
		0-10	11-13	14-16	17-18	19	20
Four- and Five-Year-Olds	256	14	16	27	23	13	7

The greater difficulty which cognitive items present to the children relative to items in other areas has several implications. It may indicate that the cognitive items are more precisely stated than the items in the other sections. The less precise wording of the non-cognitive items permits greater leeway for the rater and may mean that there is greater likelihood that success could be achieved on an item. For example, a rater may feel more secure in rating "yes" to "Child relates positively to adults--asks for help, asks for approval, but is not overly dependent," than in rating "yes" to "Knows address--can give address (street and number) correctly." If wording had been equally exact on items of all areas, perhaps success rates would have been more equal in all areas too.

On the other hand, cognitive items per se may be more sensitive than social-emotional, motor or self-help in identifying differences among children. If this is true, the difference in results in the cognitive area may be indicative of a fairly wide range of development or maturity among the children in the SDCP. The items chosen for each area, including the cognitive ones, incorporate basic standard objectives expected in normal child development patterns. Thus, a child's failure to master these basic skills must be taken seriously. Day care and part-day enrichment programs are asked to take children who are slipping behind and maintain a course of normal development or even speed the process of development.

The children were rated after their enrollment in day care to assess the rate of development over time. The objectives were definitely not met in the cognitive area for 14 percent of the four- and five-year-olds, and not met to a considerable extent for an additional 16 percent of this age group. While the average age of the group may fall well within the period covered by the form, these are still crucial, large percentages. This varying success rate may be a warning signal of impending learning problems as the children enter school.

The Project stressed that day care is concerned with meeting the total needs of the child including physical development, social competency, emotional growth and control, and cognitive development. Day care was well able to meet individual needs in social-emotional, motor and self-help areas. In cognitive growth, though, day care was seemingly unable to keep all the preschoolers progressing according to the standards expected for the appropriate ages. The SDCP experience does not provide encouragement that intervention programs in the cognitive area overcome other deprivations sufficiently to have most children achieve the expected norms. Although there is no doubt that day care

helped many children in the programs to be better prepared for cognitive achievement than if they had not been enrolled, there is no assurance that day care was able to eliminate the gap that some children will bring with them to begin their school careers.

SECTION 5: INFANT PROGRESS

Six of the day care programs cared for infants as well as for older preschoolers. In Alabama, the center program initially served only infants. In Georgia, several infants were cared for in a family day care home, and later in the center. In Tennessee and South Carolina, infants were cared for in family day care homes. Mississippi and North Carolina served infants in the center--along with older preschoolers.

The SDCP's objectives for children centered on the achievement of normal healthy development for each child in the program. The process of establishing objectives began with the determination of what constitutes normal and healthy development in cognitive, social-emotional, motor, and hygiene/self-help areas for children of various ages. This determination underlies the objective of day care for infants--to enable them to develop in a normal, healthy fashion.

The original statement of the SDCP objective for infants was "that the development of infants should not be negatively affected by day care, that these infants be able to develop within accepted ranges for motor (fine and gross), language and personal social skills." The objective was later refined to include all the major areas of child development. The SDCP developed rating forms consisting of basic items that describe normal child growth and development patterns. The form for rating infants was developed by combining activities set out and tested on traditional respected infant development instruments.[1]

The rating form thus developed contains 54 tasks grouped in 10 age periods. The periods cover the months from birth to two and one-half years. The form is completed by observing the child and assessing what his usual capability is at each time sequence. Therefore, odd instances of success or failure should not color the picture of development. Ratings are scheduled regularly, beginning soon after enrollment and then at six-week intervals. Frequent re-rating is important since development is rapid in the first two years.

The course of development of many infants was assessed during the three years of the SDCP operations. Seventy-three children had two or more ratings so progress could be evaluated over a period of time. These children were cared for in six SDCP centers or family day care homes. In considering the children's growth, the course of development as well as performance at the last rating

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[1]Instruments used were Bayley Scales of Infant Development, Denver Development Screening Test, Gessell Developmental Schedules, and Vineland Social Maturity Scale.

must be assessed. Children whose development seems slow at first but especially children whose development is adequate at first rating, then tapers off during enrollment may have developmental problems.[2]

Of the children rated, 22 children completed all items for their age period at each point they were rated. Thirty children, though, missed some items at the first rating but by the last ratings the children were completing all appropriate items. Thus, these children, though perhaps having initial problems, had made satisfactory progress.

Outcomes for the remaining 21 children are less positive. Nine children completed all expected tasks when first rated but were somewhat behind by the last rating. The remaining 12 children at no time completed all items for their ages. A methodological problem in evaluating the ratings, though, introduces some leeway in assessing the children's progress. A child may be rated on a group of items, when he is still within the age period rather than at the older limit of it. He may miss some of those items, but is not expected to achieve them until he has reached the top of the age bracket. In this case, judgment must be reserved as to whether his progress is adequate. After eliminating children whose ratings occur before they reach the top of the age bracket, only 15 of those 21 children seemed behind. So, in all, 20 percent of the infants can be said to be at least one month behind in development.

Satisfactory progress by the group on the infant rating is sustained as the children turn two years old. Twenty-six children turned two while they were enrolled. The average age of these children at their first two-year rating was 25 months. The children were not expected to complete two-year items until the end of the period. Yet at their earliest ratings, the children successfully complete an average of 7 of 10 items in the cognitive section.

This performance is similar to that found on the first ratings of two-year-olds enrolling in the SDCP preschool programs at that age. The latter group's average age is probably several months higher than that of the enrolled infants who turned two. On the first two-year rating of the group previously enrolled in the infant program, 73 percent completed 8 items or less, while on the first rating of two-year-olds just entering day care, 76 percent completed 8 items or less. For the bulk of the children, infant day care may not impede cognitive development.

But the outcomes on the infant ratings are not completely reassuring as to the effect day care may have on infant development. Last ratings showed satisfactory progress for 58 of the 73 children. The remaining 15 children

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[2]For a fuller description of infant development and the methods of analysis, see Infant Progress on Developmental Objectives, Bulletin No. 9.

were behind at the time of the last rating. Of these, one child clearly was developing slowly. This child was felt to be mentally retarded throughout the period of enrollment. Although these children were fully successful on ratings at some time during the period, by the end of enrollment they were lagging. The group constitutes 19 percent of the infants enrolled. Thus, outcomes on a form designed to measure achievement of fundamental tasks of early child development do not remove doubts as to whether institutional care may be associated with inadequate development for a surprisingly large group of children. Unfortunately there was no control group of children from similar backgrounds who were cared for in their homes. Thus it is impossible to ascertain whether day care rather than some other variable is the variable that correlates with unsatisfactory progress.

SECTION 6: SCHOOL-AGE EXPERIENCE

"To provide care for the school-age child (when school is not in session and parents are absent from home) that will supplement and enrich the activities of his home, neighborhood, and school.

Child is provided with care and protection after school and at other times when parents are working and school is not in session.

To help each child gain the social and personal adjustment needed for daily living.

To provide support for the formal cognitive development of school-age children.

To help each child to develop his skills in appropriate sports or games.

To aid each child to develop his own creative potential."

The SDCP developed a series of rating forms to evaluate children's progress in day care. The rating forms reflect SDCP objectives for children and the design of programs to meet those objectives. The preschool rating forms have the advantage of describing fundamental skills of early life in which indications of success at various states are fairly well standardized.

School-age day care has a different character and a very different rating form. Children in school have mastered the fundamental tasks of the preschool years and are autonomous individuals learning skills for school, where they spend many hours a day. Thus, the emphasis of the day care program is on social competence and personal adjustment, with some support and reinforcement for cognitive development.

Therefore the items on the school-age rating form cover social and personal functioning, and focus on what a child "is like." This close view may help the day care staff to understand the child and plan activities for him. Yet, the form, with its emphasis on personality attributes, does not lend itself to quantitative analysis. Success in social-emotional areas is less well standardized for children 6 to 13 than preschool achievement on basic skills and there is no way to rank the older child's adjustment against a non-existing scale defining adjustment.

The form does help, however, to focus staff's attention on areas where the child needs attention. The form outlines various behaviors ("Child is helpful to younger children in the program," or "Seeks adult help when needed," or "Has a positive self-concept"). Staff indicated whether these behaviors are or are not typical for the child. This permits attention to

behaviors that are not typical, but makes no judgment about the child's failure to exhibit any behaviors.

The school-age rating form is valuable to centers in planning activities to strengthen certain areas of development. Staff comment that the rating forms are useful in parent conferences as they enable the parent and teacher to focus on specifics. The form developed for school-age children is included as Appendix B.

SECTION 7: CHILDREN'S PROGRESS ON HEALTH OBJECTIVES

"To promote the healthy growth and development of each preschool child according to his own potential in the following areas:

Physical development--to promote each child's growth and general health.

The recommended immunization program is completed for each child.

Abnormal physical conditions are detected and remedial treatment is provided.

Each child makes progress toward ideal height and weight norms."

Health Examination

The SDCP developed a uniform health form for use by each program to determine success on the health objective. (See Appendix C.) The form includes the doctor's physical exam, immunizations (DPT, Polio, Smallpox, Measles), blood tests (Hemoglobin, Hematocrit) and TB and urine tests. The form's design also met the record-keeping needs of the centers to avoid the necessity of keeping duplicate records.

The SDCP analysis of the health forms reveals which portions of the health exam were complete for each child. (See Table II-13). Incomplete portions result from various factors. Sometimes a test was not given or a shot not obtained because the parent did not follow through and the day care staff did not have it done. Often a test or a shot was not given because health services were not available in the community or the test was not available at the health clinic or from a local physician.

The tests least given were the blood tests. Only 19 percent of the children had hemoglobin tests; 26 percent had hematocrit tests. Alabama was the only state where a majority of the children were given hemoglobin tests (83 percent). Tennessee had the highest percentage of children receiving hematocrit tests (70 percent). Overall the blood tests seem the most difficult to obtain, and were low priority in public health clinics or by private physicians.

The urine test, too, was infrequently done. Only a little over one-third had urine tests. This ranged from a high of 81 percent of the children in Florida to a low of 7 percent in Georgia.

The tuberculin test was done for over half (53 percent) of the children. Alabama (90 percent) and Tennessee (86 percent) had the highest percentages of children who received the test.

Most children in SDCP centers had been immunized. This is due in part to the fact that most state licensing regulations require certain shots to be given before a child can enter day care or soon after entering. Also, immunizations were generally available everywhere. Of the children in the SDCP, 85 to 100 percent were immunized against diptheria, tetanus, whooping cough, polio, and measles. Many health departments no longer feel the smallpox vaccination is necessary. The frequency with which the smallpox vaccination was given varied from 20 percent in Alabama to 88 percent in Florida.

A total of 85 to 100 percent of the children were examined by a doctor. While this was consistently high for all of the states, exact figures cannot be determined due to the data collection method on this item.*

Project outcomes indicate it may be overly ambitious to seek blood and urine tests for all children and that it might be more reasonable to obtain these where there is an indication they are needed. If doctors agree that screening laboratory tests are desirable, health delivery systems may need to change the present policy to administer them.

A small portion of the children did not receive all of their shots and a doctor's physical exam. A small proportion did not have DPT and polio immunizations. Up to 21 percent of the children who had not had the disease did not have measles shots. Three percent of the children did not have any portion of the health form completed (with a high of 8 percent in South Carolina). These results are surprising since licensing regulations require health exams.

The sparse availability of public health services and difficulty in scheduling visits may account for these deficiencies in completing requirements for health exams. Yet availability of health resources in North Carolina, with a nurse on the center staff, did not appear to result in greater completion of health procedures for children there. Mississippi and Alabama, where the programs had the poorest community heatlh resources, still managed to get health services, and did better than the average on most tests.

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*Coding only allowed for four incomplete portions of the health exam, with a choice of the following portions in this order: TB, hemoglobin, hematocrit, urine, DPT, polio, smallpox, measles, doctor's exam. If more than four portions were incomplete it was impossible to code the items at the end of the list.

TABLE II-13

COMPLETED PORTIONS OF HEALTH EXAM

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
TB	90	77	72	77	25	19	86	53
Blood Hemoglobin	83	18	11	36	8	8	29	19
Hematocrit-Blood	10	10	14	28	6	23	70	26
Urine	70	81	7	35	10	28	36	36
DPT	*	*	*	*	*	*	*	*
Polio	*	*	*	*	*	*	*	*
Smallpox (for this age)	20	88	50	65	78	70	72	70
Measles, Rubella	*	*	*	*	*	79	80	*
Doctor's physical exam	*	*	*	*	*	*	*	*

*85 to 100 percent completed. Exact figures cannot be determined due to the method of data collection.

Health Problems

The SDCP was quite successful in identifying abnormal health conditions and providing remedial treatment. The health exam or the day care staff found developmental or medical problems in 32 percent of the children, but 65 percent of the children had no problems. For three percent there was no record.

Of the 215 problems identified, 144 required follow-up action, and for 123 treatment was obtained.

The problems identified ranged from speech and hearing problems to chronic impetigo and malnutrition. The problems identified were evenly distributed between hearing, vision, developmental, behavioral or emotional problems, and stuttering. But a major fraction of problems (18 percent) did not fall into these categories. Examples of these miscellaneous problems are orthopedic problems, chronic infectious impetigo, continuous colds and runny nose, anemia, hernia, ringworm, pinworms, and problems that needed to be treated further by a doctor (including surgery). Georgia and North Carolina had the largest proportions of children with identified problems which may reflect an alert social worker and good community resources in Georgia, and the presence of a nurse in North Carolina.

Of the 215 problems identified, 144 required center staff to locate and obtain the appropriate treatment or participate in the treatment (i.e., giving the child medicine, making sure a child kept on a bandage or eye patch, helping parent follow through on treatment or special classes). For the breakdown by states of the various health problems see Table II-14.

Dental Screenings

The SDCP health form asked whether the child needed dental work. In many cases, a cursory exam given by the physician as part of the physical exam is the only dental screening done. In several states a dentist came to the center and volunteered his services to examine the children's teeth. In some places, the public health nurse or nurse in the center checks the children's teeth regularly.

At least 83 percent of the SDCP children were screened for dental problems. Some others may have been screened, but no information was available if they were. Whether a problem ranging from a cavity to major dental work was revealed in the screening was often a function of the screening procedure. Obviously the better and more thorough the screening, the more consistently problems are revealed. While dental screenings are not performed on every child, the screenings are valuable in revealing dental problems at an early stage to prevent major dental work later.

TABLE II-14

IDENTIFIED HEALTH PROBLEMS

(Number of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
No. of Children with no problems	13	91	40	29	70	76	106	425
No Record	0	0	2	13	0	2	2	19
Hearing	2	4	5	1	2	0	2	16
Slow Development	1	2	3	3	5	1	4	19
Behavioral or Emotional Problems	1	0	3	3	1	1	5	14
Vision	0	10	2	1	0	1	7	21
Stuttering or Other Speech Problems	1	0	6	4	9	6	2	28
Other	12	17	11	16	35	14	12	117
Total Number of Problems Revealed	17	33	30	28	52	23	32	215
No. of Problems Requiring SDCP Action	12	26	17	24	34	16	15	144
No. of Problems on Which Action was Taken by SDCP	12	26	15	19	25	13	13	133

Of the 83 percent of the children screened, 13 percent had some sort of dental problem while 70 percent had no problem. For 17 percent there was no record. Florida had the highest percentage of children (27 percent) with dental problems identified. Florida's regular and thorough dental screenings would catch more of the children's problems. In Mississippi, the low proportion (4 percent) reflects the fact that there was no record for 40 percent of the children, and that some of the children were infants. The following describe dental problem and treatment by state.

DENTAL PROBLEM REVEALED BY HEALTH EXAM OR DAY CARE STAFF

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Dental problem revealed	10	27	7	4	10	14	11	13
No problem	83	64	72	56	86	55	77	70
No record	7	10	21	40	4	31	12	17

EVIDENCE THAT CHILD RECEIVED DENTAL TREATMENT

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Child received treatment	7	19	15	1	2	2	5	7
Child did not receive treatment	20	7	1	4	1	7	1	4
No record	0	12	19	37	13	34	15	19
Not Applicable	73	62	64	57	85	57	79	64

In summary, 13 percent of the children were identified to have dental problems, but only 7 percent of the children received treatment.

Auditory and Vision Tests

Vision and auditory examinations are useful in detecting abnormal conditions, but are not always available in a community. In several of the states simply obtaining the basic immunizations and physical examination is a struggle with the lack of community health services. Arrangement of vision and hearing tests depends on whether a resource could be located.

Over all of the states, 22 percent of the children received both screenings, with Florida having by far the largest percentage (63 percent) of children. Twelve percent of the children received just a vision and 7 percent just an auditory test. Florida and Georgia were the most successful in arranging the tests. Location in urban areas with more facilities may have been an advantage for both. North Carolina and South Carolina were the least successful in obtaining screenings.

COMPLETIONS OF VISION AND AUDITORY EXAMINATIONS

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Both completed	3	63	30	1	11	8	17	22
Vision only completed	10	19	0	1	11	4	26	12
Auditory only completed	23	2	4	33	3	2	4	7
Neither completed	63	17	63	53	75	86	51	56

Previously Identified Behavioral or Emotional Problems

Day care is often used as a resource to help children with behavioral or emotional problems. The day care staff can help a child with a problem or can locate the appropriate outside resources.

In the SDCP a total of 83 children had behavioral or emotional problems. In 53 of these cases, day care resolved or lessened the problem. In some instances, the problem was out of the range of the staff and special help was obtained. In Nashville, for example, Vanderbilt University and the Mental Health Clinic supplied psychological and psychiatric help for the most difficult children.

BEHAVIORAL OR EMOTIONAL PROBLEMS

(Number of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Identified problem	4	8	11	11	13	11	25	83
Day Care Helped problem	4	4	7	5	8	10	15	53

Height and Weight

No conclusions can be drawn from the SDCP data as to whether each child made progress toward appropriate height and weight, because there was little information. Although programs were to weigh and measure the children at entry and again at a later date, more children were measured at entry than later on. One-quarter (27 percent) of all children were not measured at first, while 57 percent of the total group were not measured later.

The states most consistently measuring children were Alabama, Florida and North Carolina. This is probably due to the fact that Alabama has infants and weighs them regularly, Florida has a scale in the center, and North Carolina has a nurse on the staff.

The lack of measurements means the SDCP cannot say that progress toward appropriate height and weight was made. Limited information does not mean the goal is an inappropriate one for day care, but that getting staff to weigh children regularly and keep records even for their own purposes is difficult.

CHILDREN'S HEIGHT AND WEIGHT

(Percent of Children)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially								
Normal	90	79	32	56	86	36	54	61
Abnormal	10	18	3	14	13	8	9	11
No Record	0	3	65	30	1	57	37	28
Later								
Normal	80	45	13	39	66	5	18	34
Abnormal	7	10	0	10	9	4	6	7
No Record	13	45	88	52	25	91	77	59

Health Status of Other Children

Can day care improve the health of other children in the family simply because at least one child in the family is in day care? Does the fact that the social worker who is working with the parent to meet the enrolled child's health needs make the parent more aware of health needs for the whole family? While the SDCP evaluation cannot show direct causal relationships, some information is available on the health status of other children.

The social worker's assessment suggests that for 41 percent of the families, the health of the other children in the family stayed the same, for 11 percent it was better, and for less than one percent worse. No change in health, however, may indicate good health all along or poor health that did not improve. It is important that for 11 percent, health status was better, but again a direct causal relationship cannot be drawn.

Alabama has a high percentage of families in which other children were deemed to have an improved health status. This is a program with low turnover of children, so the families had longer exposure to the program than in other states.

SOCIAL WORKER'S ASSESSMENT
OF HEALTH OF OTHER CHILDREN NOT IN DAY CARE

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	4	53	20	22	47	64	36	41
Better	46	11	18	2	9	10	4	11
Worse	0	0	0	0	0	0	2	1
Don't Know	0	3	2	73	13	3	9	13
Not Applicable	50	33	60	2	32	24	49	35

Summary

Generally, most children were given a physical exam and the commonly expected immunizations. Diagnostic laboratory tests were not administered as widely as had been hoped by program designers. The resources to provide these tests may not be readily available or staff and/or medical personnel may not be overly concerned about completing them

When health problems were identified, children with physical or other health problems were treated. The programs were instrumental in securing treatment for the children.

A surprisingly high percentage of the children were given dental screenings which did not reveal a substantial number requiring treatment. Most children identified as having dental problems were treated. Auditory and vision screenings were performed less frequently than dental ones. Day care does identify behavioral and emotional problems and has an impact on alleviating them. Some programs made a concerted effort to measure height or weight of children. But this may not be as important as the Project designers had anticipated. The follow-through on the various medical procedures may reflect their relative importance to the community.

PART III

OBJECTIVES FOR FAMILIES

SECTION 1: ENROLLMENT PURPOSES MET?

Public policy makers and program directors alike pose the question of "What should be the purpose of day care? To meet the needs of the deprived child or those of the working mother?" When application was made for enrollment of children in the SDCP, the mother or father or other person making application was asked to indicate which of the following constituted the primary reason for placing the child in day care:

- to enable mother or homemaker to seek and take employment
- to enable mother or homemaker to continue employment
- to enable mother or homemaker to take vocational training
- to meet needs of child which cannot be met at home
- other reasons

The case record was also studied to verify the primary reason for enrollment. Where it appeared that there were dual reasons (to meet the needs of the child as well as to continue employment), employment was given preference in coding. The category "to take vocational training" includes students in high school. An example of the category "to meet the needs of child not met at home" is that of a child with special problems despite someone being at home during the day.

The case record was then carefully analyzed to determine whether the purpose had been met early during the child's enrollment, and examined again later at the time of the social worker's last interview with the client before a child withdrew or the Project ended.

The overwhelming, primary reason for enrollment is to enable the homemaker to continue employment (45 percent); "to seek" employment is next most frequent (22 percent), with Alabama being particularly high in this category. (See Table III-1) For 17 percent of families, the primary reason was so that the head of the household could finish vocational training or high school (usually the mother) and for 3 percent to finish college; 12 percent of the families needed day care to meet special needs of the child.

How were these enrollment purposes met? If a mother was still employed at the end of the program or when her child withdrew, her purpose of wishing to continue to work was met. If not, the purpose was unmet. Likewise, if a

mother sought day care so she could go to work and if she found a job, her enrollment purpose was considered to be met.

If a child was enrolled so that a parent could enter or continue high school or training, the purpose was met if the person enrolled and continued the course. The results of how the purposes were met are shown in Tables III-2 and III-3. Generally the success rate on meeting enrollment purposes was high, ranging from 71 percent ("to seek employment") to 95 percent ("to continue working") early after enrollment, and from 61 percent ("to seek employment") to 83 percent ("to meet child's special needs") late during a child's enrollment.

A much higher percentage of those who wanted to continue employment met this purpose than those who wanted to find employment. Early in the program 95 percent of those wishing to continue working were doing so, and later 82 percent were doing so. However, of those seeking employment only 71 percent had found jobs early in the program, diminishing to 61 percent by the later assessment. Some of those seeking employment were welfare recipients or WIN participants, so that their employability might be less obvious relative to those who already had jobs when they sought child care. The lower percentage seeking work who found work after some time in day care compared to those seeking and finding work immediately after enrolling the child may indicate the transitory nature of jobs or work for this group. Some women who found jobs might have left work or been laid off during the child's enrollment. Again, the purpose of taking a vocational course was more often met early in enrollment (79 percent) than later (56 percent). Continuation of college meets the same type of attrition, indicating that the availability of day care is only one of the factors that enter into the fulfillment of parent's goals. It should be noted that in the case of the WIN programs, the choice to participate in training programs was not always the mother's.

Public policy discussion often centers on the question of where the greatest need exists to publicly fund day: for the "working poor;" for nonworking mothers who are AFDC recipients so that they might then be able to work? The direction of the 1973 Federal Guidelines on Eligibility for social services was towards the latter group, in an effort to stimulate more "welfare mothers" to work. Yet the experience of the SDCP was that the objective of facilitating continued work of low-income mothers who were already employed was more likely to be met than that of achieving initial employment for those not previously working.

In the early discussions about the objectives that day care should meet for families it was pointed out that day care might have other economic benefits for families. It might cut down on absenteeism or might free other members of the family to work.

An effort was made in the analysis of the case records to determine such benefits. These are shown in Table III-4. Overall, in 9 percent of the families some family member besides the mother was enabled to work. In 6 percent of the families day care enabled the mother to be more regular at work.

Likewise in 6 percent of the families the review of the case record indicated to the SREB staff that the hours of work had improved for the mother or other working member of the family because the child was in day care.

The fairly low percentages generally noted on the incidence of side benefits on working patterns may reflect the fact that in many cases such side benefits would not be applicable. The mother may already have been quite regular at work, or she may not have been working in the first place, or there may be no other members of the family who are potential members of the labor force.

TABLE III-1

REASON DAY CARE IS NEEDED

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
To seek employment	50	19	20	11	25	14	28	22
To continue employment	29	51	56	42	44	51	39	45
To take vocational training	17	10	22	31	13	15	17	17
Meet needs of child not met at home	0	18	2	9	17	18	10	12
Continue college	4	3	0	0	0	0	0	0
Other reasons	0	0	0	0	1	1	7	3
No record	0	0	0	7	0	0	0	1

TABLE III-2

PURPOSE FOR SEEKING DAY CARE
MET EARLY IN ENROLLMENT

(Percent of Families)

	Yes	No	No Record
To seek employment	71	28	1
To continue employment	95	3	2
To take vocational training	79	13	8
Meet needs of child not met at home	92	4	4
Other reasons	0	0	100
To continue college	91	9	0
Total	86	10	4

TABLE III-3

PURPOSE FOR SEEKING DAY CARE
MET LATE IN ENROLLMENT

(Percent of Families)

	Yes	No	No Record
To seek employment	61	32	7
To continue employment	82	10	8
To take vocational training	56	30	14
Meet needs of child not met at home	83	2	15
Other reasons	0	0	100
To continue college	82	9	9
TOTAL	72	17	11

TABLE III-4

SIDE BENEFITS OF DAY CARE UPON FAMILY'S WORKING PATTERNS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Some member in family other than mother enabled to work	21	1	9	7	16	9	6	9
Mother more regular at work	25	1	9	7	10	6	1	6
Hours of work improved for some working member of family	4	11	4	9	6	8	1	6

SECTION 2: INCOMES OF FAMILIES

"To strengthen parents through improved economic status...

By making it possible for families to increase their earnings or earning potential through provision of child care...

...Parents' earnings show an increase as child is enrolled in day care program."

Improving income was extremely important for SDCP families since 57 percent had incomes below the poverty standard.* (See Table III-5.) This percentage was much higher in Alabama, 79 percent.

The low incomes, of course, reflect the fact that this publicly funded Project was designed to serve primarily low-income families, many of whom were welfare recipients. (See Table III-6.) For all states, 46 percent of the families were welfare recipients, ranging from a high of 75 percent in Alabama to a low of 26 percent in Tennessee. The federal guidelines published in the spring of 1973, which limited social services almost entirely to welfare recipients, came too late in the Project to significantly affect the percentage of families on welfare served during the three years of the Project.

Families headed by females, and especially by black females, generally tend to have lower incomes than intact families with a male working, or with two members employed. Only 31 percent of the families had fathers or male guardians in the household, with an additional 11 percent having a grandfather as the primary male. Of the mothers employed among the SDCP families, only 6 percent held professional, managerial or technical positions. Most were employed in unskilled or semiskilled jobs in service, clerical and sales, or processing industries.

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*The arbitrary decision was made to classify families as below the poverty standard if total income was below $900 annually per family member, or $3600 for a family of four. This is comparable to the Federal Standards. Case records were carefully analyzed for all reported income sources. Although in some instances some income sources may have gone unreported, the results are probably indicative of the general trends of family income of the SDCP households.

The SDCP assessed changes in family income occurring while the child was in day care. The evaluation indicates that income increased by the end of the child's enrollment for 32 percent of the families, decreased for 16 percent, and showed no change for 30 percent. (See Table III-7.) The improvement rate was practically the same for families below and above the poverty line. Among families below the poverty line, 31 percent had better incomes; above the poverty line, 34 percent improved. (See Table III-8).

Social workers also made their own assessment of how family income had changed. (See Table III-9.) They noted that 45 percent of the families had improved family income, and only 10 percent had lower incomes. They had more intimate knowledge of each family's status than was available to the evaluators of written case records. Therefore the social worker's evaluation on this easily measured variable is probably more accurate than those obtained from a reading of the case records.

Unfortunately the amount of increase in income was not detailed in the evaluation. Thus the SDCP does not know whether the rate of increase for the families in the SDCP exceeded general increases in income in 1970-1973 in the areas where they lived.

TABLE III-5

FAMILIES WITH POVERTY INCOMES

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Income below poverty line	79	51	47	57	59	56	61	57
Income above poverty line	21	49	53	34	41	44	39	42
No record	0	0	0	9	0	0	0	1

TABLE III-6

COMPONENTS OF FAMILY INCOME

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Welfare	75	64	49	71	45	25	26	46
Social security	0	0	0	2	3	0	7	2
Vocational rehabilitation	0	0	0	0	0	0	2	1
2 of above	0	3	0	2	7	3	2	3
3 of above	0	0	0	0	3	0	0	1

TABLE III-7

CHANGE IN FAMILY INCOME AT END OF ENROLLMENT

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Income has increased	58	29	27	16	31	33	36	32
Income has decreased	25	22	13	13	14	14	16	16
No change	8	40	36	9	35	33	29	30
No record	8	10	24	62	20	19	19	22

TABLE III-8

CHANGE IN FAMILY INCOME OF
FAMILIES ABOVE AND BELOW POVERTY STANDARD

(Percent of Families)

	Income Initially	
	Below Poverty	Above Poverty
Income has increased	31	34
Income has decreased	16	17
No change	32	28
No record	21	22

TABLE III-9

SOCIAL WORKER'S FINAL EVALUATION
OF CHANGE IN TOTAL FAMILY INCOME

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	25	38	24	11	42	49	33	34
Better	58	44	73	7	38	40	54	45
Worse	17	18	2	4	7	8	11	10
No record	0	0	0	78	13	1	2	11

SECTION 3: TRAINING OF FAMILY MEMBERS

"Parent is enabled to learn a trade or skill for improved earning power."

Seventeen percent of the parents cited the need to learn a skill as their reason for enrolling children in the day care program.

Training includes WIN programs, opportunities industrialization centers, vocational-technical school, high school and college--any program that would improve a person's salable vocational skills. The SREB evaluation staff identified two groups of parents: Group 1--those who indicated they were interested in such a program after they enrolled their children in day care; and Group 2--those who were already in a training program when their children were enrolled. Social workers encouraged mothers who could profit from training to enter such programs. Moreover under AFDC eligibility regulations some mothers had to enroll in WIN training programs. The case record was examined to document whether the parent later completed the training, and finally whether a job was obtained.

Group 1

For 16 percent of all families there was a parent who desired training. Most of these were mothers. Alabama had the highest percentage of mothers who stated they desired training (38 percent) and Tennessee had the highest percentage of fathers (11 percent). The 16 percent total represents 67 adults who desired training. Out of those 67 adults, 23 actually enrolled in a training program. Many had the assistance of the social worker in doing so. One reason for the big difference between those who desired training and those who actually enrolled in training is that in some communities there are few training programs available, or there are waiting lists for available slots. In one state a resourceful social worker talked with employers directly to let them know of the parents interested in training, and contacted the parent when the company notified her that a training position was open.

Of the group of 67 that initially desired training, a total of 23 enrolled in training, 8 completed the training, and 6 found employment after they were trained. (For breakdown by states, see Table III-10.)

Group 2

For 23 percent of the families there was a member in training at the time of the child's enrollment. In 19 percent of the families the person was the mother, for 3 percent it was the father, and for one percent it was another family member. (It should be remembered that these figures do not include family members in the other group "desiring" training, but not already in a program.)

This 23 percent represents a total of 99 adults. In the group of 99 adults already in training, 25 completed the training, and 15 obtained employment upon completion of training. Some of the attrition is due to the fact that a training program's funds may have been cut and the training not completed, as in the case of one parent in South Carolina:

> Wanting to improve her status in life, a young mother quit her low-paying job to enroll in a federally-funded Opportunities Industrialization Centers training program. She was being trained in a bank and was progressing nicely when the funding ended mid-course. The parent, through no fault of her own, was left untrained and jobless.

In other cases, parents drop out of training because of pressures to go to work, inability to complete the training, lack of interest or commitment, or resistance in general to being required to enter training in order to obtain public assistance payments.

The difference between the number of adults who completed training and those who obtained jobs is due in part to the fact that in many communities, particularly rural or one-factory communities, there is a shortage of jobs to begin with, or because there are no jobs that require the skills the adult is being taught.

Group 1 and 2 Combined

When the two groups are added together to yield total number of adults enrolled in training, those who completed training and those who obtained jobs upon completion of the training, the situation looks like this: of all adults enrolled in a training program, 27 percent completed the training, and 17 percent obtained jobs upon completion. While the overall success rate of training and employment is low, these results are better than those given for WIN in congressional reports.

Social Worker's Assessment

Social workers in their final assessment noted a much higher percentage had improved salable skills than was documented in the records as having finished training programs. According to the social workers, someone in 33 percent of all families bettered their skills, while in 55 percent, persons remained the same, and in one percent were worse, by the end of the child's enrollment in day care. These figures ranged from a high of 71 percent in Alabama to a low in Mississippi of 9 percent who bettered their salable vocational skills. (See Table III-11.)

TABLE III-10

TRAINING PROGRAM RESULTS

(Number of Adults)

Group 1	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total	
Adults desiring training	38	19	29	9	5	17	22	67	
Adults enrolled in training	6	1	3	2	0	7	4	23	
Adults who completed training	1	0	2	0	0	3	2	8	
Adults who obtained employment	0	0	1	0	0	2	3	6	
Group 2									
Adults enrolled in training	6	12	10	14	10	19	28	99	
Adults who completed training	1	2	1	4	2	6	9	25	
Adults who obtained employment	0	2	1	3	0	5	4	15	
Group 1 and 2 Combined									Percent of total 100
Adults enrolled in training	12	13	13	16	10	26	32	122	
Adults who completed training	2	2	3	4	2	9	11	33	27
Adults who obtained employment	0	2	2	3	0	7	7	21	17

TABLE III-11

SOCIAL WORKER'S ASSESSMENT
OF PARENTS' SALABLE VOCATIONAL SKILLS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	29	67	58	13	61	64	60	55
Better	71	29	42	9	25	36	35	33
Worse	0	3	0	0	0	0	0	1
No record	0	0	0	78	13	0	4	11
Not applicable	0	1	0	0	1	0	0	1

SECTION 4: PARENT-CHILD RELATIONSHIPS

"To strengthen parents in the relationships with their children..."

There are countless ways in which parent-child relationships could be described, and the Project concentrated on the assessment of a few indicators which would hopefully be readily apparent to the day care staff:

1. Verbal interaction between parent and child
2. Discipline methods
3. Cleanliness of the children
4. Interest in child's school or day care work or activities
5. Acquaintance with teachers, evidenced by knowing their names

No measurement criteria were developed to guide those who wrote case records in the determination of what constitutes good verbal communication, positive discipline patterns, and the other aspects of the parent-child relationship mentioned above. Therefore the findings on these indicators must be interpreted with care. Perhaps future projects might concentrate on developing objective measures of these items, as well as developing criteria for success or failure to meet them.

Verbal Communication

"Parents talk with and listen to child about his experiences and interests."

A parent describes one way in which day care affected the relationship with the child:

> "I used to tell my child, 'I don't have time to listen to you now.' I used to tell him, 'Go sit down...I gotta fix this food now,' or 'Leave that alone, boy--get out of my hair.' Now we all sit down and talk to each other. I learned you have to take time to listen to your child."

In the case just cited, day care did encourage that parent to talk with and listen to the child. Is this a common experience in day care? In evaluating this objective, the SDCP asked the centers to note whether the family encouraged verbal development early in the program and again near the end of a child's enrollment. The social workers were asked:

"Does this parent listen to the child? Does the mother have conversation with her child? Does the parent encourage child to talk?"

Evaluation of the case records indicates that verbal communication was not a problem for 46 percent of all families when the children enrolled. By the end of enrollment, there was an additional 10 percent of the families for whom there was evidence of good verbal communication. Outcomes on the social worker's evaluation are somewhat higher. While the proportion they found with no change (56 percent) is consistent with the percentage who initially had good communication with their children (46 percent), they found more families who improved verbal communication (29 percent) than the 10 percent the case records showed.

Positive and Consistent Discipline

"Family uses more positive and consistent methods of discipline."

When the parent uses positive discipline he not only punishes bad behavior but rewards good behavior. When he uses consistent discipline, he punishes according to the infraction and not the mood.

Positive discipline was used by 45 percent of all the families from the beginning, and an additional 6 percent used positive discipline after the child had been in day care. Alabama and Georgia had larger proportions of families who started using positive discipline during the course of a child's enrollment. Overall the social workers rated improvement as much higher, with 24 percent of the families demonstrating a better use of positive discipline methods.

The results for parents' use of consistent discipline methods are very similar. Forty-seven percent used consistent discipline from the beginning, and an additional 6 percent used it after their child had been in day care. The social worker's evaluation shows 61 percent of the families whose use of consistent methods remained the same, and 21 percent whose use was better. Once again, Alabama and Georgia showed the highest percentages of families that improved during the course of their child's enrollment in day care. This may reflect the active parent organizations in both states or the lower childrens' turnover in both programs. In Georgia in particular, there was considerable effort to work with the parents in the area of child development and discipline.

For both discipline methods, 8 percent of all the families were not using consistent or positive discipline near the end of the enrollment or Project period. Most states did not try to achieve this objective in any formal way other than by sessions in child development. Rather, the centers tried to set an example for good discipline. Perhaps where no improvement was noted, more emphasis with parents would have been valuable.

TABLE III-12

PARENT'S ENCOURAGEMENT OF CHILD'S VERBAL DEVELOPMENT

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	25	60	40	29	61	38	48	46
Improved later	33	4	31	2	9	8	3	10
No improvement	8	4	16	0	9	3	6	6
No record	13	31	9	69	21	49	40	35
Not applicable (infants)	21	0	4	0	1	3	2	3

Social Workers' Assessment

(Percent of Families)

Same	25	73	33	13	67	75	61	56
Better	75	25	64	7	20	11	33	29
Worse	0	0	0	0	0	0	0	0
Don't know	0	3	2	80	12	14	6	15

TABLE III-13

PARENTS' USE OF POSITIVE DISCIPLINE METHODS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	33	64	36	40	62	39	30	45
Improved later	17	0	27	0	6	7	1	6
No improvement	4	10	16	7	6	4	10	8
No record	29	26	20	47	18	47	56	37
Not applicable (infants)	17	0	2	7	9	3	3	5

Social Worker's Assessment

(Percent of Families)

Same	38	80	24	16	65	83	50	56
Better	63	19	69	4	16	1	31	24
Worse	0	0	2	0	3	0	1	1
Don't know or Not applicable	0	1	4	80	17	15	18	19

TABLE III-14

PARENTS' USE OF CONSISTENT DISCIPLINE METHODS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	29	60	42	42	62	47	32	47
Improved later	17	0	24	2	4	6	3	6
No improvement	20	14	16	2	6	0	7	8
No record	12	26	16	47	15	41	54	33
Not applicable (infants)	21	0	2	7	13	6	3	6

Social Worker's Assessment

(Percent of Families)

Same	38	81	31	13	69	88	62	61
Better	63	18	64	7	11	0	21	21
Worse	0	0	0	0	1	0	1	1
Don't know	0	1	4	80	19	13	15	18

Cleanliness of Children

The social workers in making their final evaluation of the cleanliness of the children indicated cleanliness was better for 13 percent, the same for 74 percent and worse for one percent of the families. Alabama had the highest percentage (42 percent) of families in which cleanliness of children was better

Cleanliness in this case usually meant how clean the child was when he arrived at the center. The cleanliness may have improved for a number of reasons. Some centers bathed children (particularly infants) which may have made both child and parent aware of good hygiene. If a child came consistently unwashed, with dirty clothes on, a note was sent to the parent or a conference held to bring the issue up with the parent. Also the social worker was able to work with a parent in this area. Cleanliness may have improved because the child himself was learning good habits (washing hands, brushing teeth, cleaning up). (See discussion of self-help skills in Section II, Part 4.)

The social worker's evaluation shows 74 percent of the families had no change in cleanliness habits. The SDCP evaluation could not determine how many of these already had good cleanliness habits and did not need improvement and how many had poor habits and did not change. However, for 9 percent to 42 percent of the families--depending on the programs--social workers noted that cleanliness of children improved, suggesting that day care can have an effect with problem families.

Interest in Child's Work

> "Family shows evidence of cherishing children's accomplishments (pictures children have produced or other handwork they bring home)."

Whether a parent encourages verbal development, uses positive and consistent discipline, and keeps his child clean are measures of any parent-child relationship. Whether a parent is interested in a child's day care or school work, and whether the parent knows the teachers' names, relate directly to the fact that the child is in day care. These are indicators of the parent-child relationship as well as of the parent's involvement and commitment to the day care program.

There are various indicators of parent interest in a child's day care activities. For example:

> "Does mother visit school or day care? Teacher conferences? Does she know teachers' names? Is she member of PTA or other related organizations? Does she show sign of cherishing children's school accomplishments? What do they bring home? When do they prepare their homework? Where?"

TABLE III-15

SOCIAL WORKER'S ASSESSMENT
OF CLEANLINESS OF CHILDREN

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	58	84	80	20	70	89	84	74
Better	42	14	20	0	18	10	9	13
Worse	0	1	0	0	0	0	2	1
Don't know	0	1	0	80	11	1	5	12

Only a small group of parents in each state who had children in school showed little interest in their activities. According to the social worker's final evaluation the parents' interest in children's day care or school work did not change for 50% of the families, was better for 38% and worse for less than one percent of all families.

The strongest indication of interest in the child's day care activities is parent's involvement in the day care program. Parent commitment, attendance at parents' meetings, and other participation in day care activities are reviewed in Part IV.

TABLE III-16

PARENTS' INTEREST IN CHILDREN'S SCHOOL ACTIVITIES

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initial evidence of interest	33	58	29	33	38	24	30	35
Little interest	17	3	18	4	6	4	6	7
No record	16	20	4	40	10	29	15	19
Not applicable or no school children	33	19	49	22	47	43	49	39

Social Worker's Assessment

(Percent of Families)

Same	21	67	20	13	55	78	49	50
Better	79	30	80	7	31	19	46	38
Worse	0	1	0	0	1	0	0	1
Don't Know	0	1	0	80	13	3	5	12

Knowledge of Teachers' Names

The parents' acquaintance with the teacher's name may be an indicator of how interested a parent is in his child and in the day care program that cares for his child. A parent is more likely to know a teacher's name if he brings and picks up the child often and does not just leave him at the door, if the parent meets with the teacher formally or informally, or if the parent regularly talks to the child about "school" and his teachers. There are a number of ways a parent can learn the name of a teacher without necessarily being active as a volunteer or in a parents' group.

Social workers indicate that 43 percent were more conscious of who their children's teachers were by the end of their enrollment. For 43 percent, knowledge was the same. This includes those who knew the teacher's names all along, as well as those who never knew and never learned.

Summary

Is day care associated with changes in the ways in which parents interact with their children? The SDCP had hoped the previous indicators would shed light on this question.

In summary the SDCP found most parents had a good deal of positive interaction with their children. Approximately half of the parents communicated verbally with their children and disciplined them in a positive manner even before enrolling them in day care. There was gain in both these areas for 6 to 10 percent of the families. Social workers noted even higher gains in these. One reservation, though, is that definitions of family communication and discipline skills were dependent on different subjective evaluations without benefit of measurement criteria. The low percentage showing improvement in the cleanliness of the children probably reflects the fact that only a minority of families had problems in this area.

The differential gains in the areas of parent-child relationships are difficult to evaluate. The somewhat low gains in verbal communication and discipline patterns could mean that these are areas in which parents had relatively good skills prior to enrollment, so that few needed improvement there. On the other hand, it might mean that these are deep-seated life patterns that are hard to change and measure.

The higher percentages of improvement in the more outward manifestations of parent-child relationships, such as knowing the teacher's name, may mean that these behaviors naturally occur as parents interact with day care, and thus are readily achievable.

In answer to the question of whether day care is associated with a change in parent-child relationships, the SDCP is not sure. Some change was made, but the lack of objective measures and varying interpretations by program staff and evaluators make a definite answer impossible.

TABLE III-17

SOCIAL WORKER'S ASSESSMENT
OF PARENTS' KNOWLEDGE OF TEACHERS' NAMES

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	33	30	11	16	43	54	66	43
Better	67	66	89	4	32	36	30	43
Worse	0	3	0	0	1	0	0	1
Don't know	0	1	0	80	13	10	4	14

TABLE III-18

OVERVIEW OF PARENT-CHILD RELATIONSHIPS

(Percent of Families)

	Initially Adequate	Improved Later	No Improvement	No Record	Not Applicable
Encouragement of child's verbal development	46	10	6	35	3
Use of positive discipline methods	45	6	8	37	5
Use of consistent discipline methods	47	6	8	33	6

Social Worker's Assessment

(Percent of Families)

	Same	Better	Worse	Don't Know
Verbal communication with child	56	29	0	15
Use of positive discipline	67	24	1	8
Use of consistent discipline	61	21	1	18
Cleanliness of children	74	13	1	12
Interest in children's school work	50	38	1	12
Knowledge of teacher's name	43	43	1	14

SECTION 5: LIFE STYLES

"To strengthen parents in their relationships with their children by helping families to improve their living patterns at home to provide for the healthy development of their children."

Helping families to improve their living patterns is probably the most far-reaching and difficult SDCP goal. This goal was translated into specific areas such as homemaking skills, mothers' personal appearance, regular and balanced meals, consumer habits, regular bedtimes, sleeping arrangements, dental habits, and reading materials and educational activities in the home.

Living patterns in these areas were hopefully to be affected by the Project both directly and indirectly. A particular problem might be approached directly by the social worker or other staff member. For instance, the social worker, who sees inadequate sleeping arrangements in the home, might allocate more beds or a crib for the family. Again, emergency measures might be taken, and a homemaker might be placed in the home until improvement is seen, or financial aid given so that the heat or hot water can be turned on. Direct one-to-one counseling with the family member might be used, too, and parents' meetings may include discussion of living patterns, such discussion constituting group training or counseling.

Social workers and other staff find that some of these problems are difficult to approach directly or are part of a broader situation that requires a multi-pronged approach. Many social workers are embarrassed, feel uncomfortable, or do not have the strong, trusting relationship with parents necessary to discuss personal hygiene, inadequate meals or poor housekeeping habits. Centers often feel that their best effort is spent in setting a good example at the center and teaching the children good habits. Besides teaching children good health habits (washing hands, brushing teeth), other self-help skills are taught in the hope that these will be carried over into the home.

In some cases, problems may be solved indirectly through help in areas. Helping a mother obtain a better job sometimes takes care of other problems. Or if a mother just has more time, she can devote more attention to cleaning the house or to her personal appearance. Added income and improved job status probably have the most effect in improving pride and motivation to change things, which bring about the most lasting changes.

Homemaking Skills--Cleanliness of Home

"Home shows evidence of good housekeeping practices."

When the social worker made a visit to the home of Mrs. Tate, it was obvious that Mrs. Tate was going to need a lot of help. The house was filthy and cluttered. The cheap furniture was

falling apart and there was food lying about. The social worker tells how day care helped Mrs. Tate improve her homemaking skills. "Because the children were being taken care of, Mrs. Tate was able to get more sleep, do better at her job and was more regular--this increased the family's income. With the children in day care, Mrs. Tate had more time to clean without eight children underfoot. It made housework less of a losing battle. Since she worked nights and needed to sleep during the day I helped her to set up a schedule that outlined what chores needed to be done and we worked out together how each child would help and which chores each would be responsible for. Because her biggest concern was the education of her children, she was responsive to any suggestions that affected how well her children learned. I talked with her about the importance of regular meals, and we exchanged recipes. Together we worked out a budget and I showed her ways she could get more for her money."

With support and encouragement from the social worker, and with her children learning to help out more, the appearance of the Tate home improved a great deal. When the social worker visited several months later, the home was neat and picked up.

Is the story of Mrs. Tate a common one? Can day care be expected to have some effect on improving homemaking skills? SREB evaluation of case records revealed that a total of 16 percent of the total number of families improved in the area of homemaking skills, 5 percent did not change, and for 31 percent there was no record. For nearly half of the families this question was not applicable, meaning that homemaking skills were already good. The social worker's final evaluation corroborates this data: out of all the families, 20 percent had better homemaking skills at the end of the Project, and 49 percent remained the same. Similar trends are reflected in the social worker's final evaluation of the cleanliness of the home: for 18 percent of the families it was better, for 59 percent the same. (See Table III-19 and III-20).

Personal Appearance

SDCP centers are concerned with the improvement of a mother's personal appearance since appearance relates to the mother's feeling about herself, and because a neat appearance is often important in qualifying for a job. Considerate and tactful counseling by social workers in this area could be done in various ways. For instance, the social worker might comment when the parent looks nice or talk with the parent in general about how to look to go to work.

Improved personal appearance includes anything from a neater general appearance to corrective dental work provided by vocational rehabilitation. In the SDCP, for 54 percent of the homemakers, appearance was initially adequate and improvement was noted for an additional 6 percent later on. Three percent did not improve. Alabama had the highest percentage of homemakers whose appearance improved. For the breakdown by states, see Table III-21.

The social worker's evaluation notes that for 17 percent of the mothers there was an improvement in appearance, for 71 percent appearance remained the same, and no one got worse.

Regular and Balanced Meals

"Meal patterns in home are regular (regular meals including a variety of foods instead of snacks)."

The SDCP hoped the content of family meals would be nutritious, and that an effort would be made for families to sit down to meals together. Besides teaching about good food and serving nutritious and regular meals to the children, centers try to encourage families to improve their eating habits. This is done by giving parents recipes for low-cost nutritious meals, helping them stretch their budgets and take advantage of food stamps or commodity foods, presenting programs on food preparation, shopping and nutrition, or even involving them in the meal planning for the center.

SDCP evaluation staff found it difficult to evaluate progress toward this objective because of inadequate information in case records. In fact some evidence about regularity of meals was derived from related information in the record. Fifty-one percent of the families apparently had regular meals from the beginning of the child's enrollment. An additional 4 percent improved over the period of enrollment. The social worker's final evaluation shows that 63 percent of the families remain the same--implying that most had regular meals. Fifteen percent showed improvement, with a high of 75 percent in Alabama (See Table III-22.)

The lack of information about improvement of the nutritional balance of family meals suggests family nutrition may be removed from the purview of day care. Social workers made few claims of knowing the content of meals. Even case records with concentrated social work effort in other areas do not shed light on the nutritiousness of meals in homes. To say that 26 percent of the families showed adequate balance in their meals means little when there is no information on 71 percent.

Neither does the social worker's final evaluation shed much light on this area. In the evaluation, 16 percent had better balance in meals, 55 percent remained the same, and for 29 percent there was no information. Again, this is an area that is difficult to evaluate. Social workers themselves do not

have much knowledge about the type of meals being served in the home. The objective of improving the content and regularit of meals may more properly belong in a homemaking project than in a day care project where improvement is only a by-product of other efforts. (See Table III-23.)

Consumer Practices and Budgeting

> In one state, several families bought furniture from the neighborhood store on "dollar-a-week" payments. The families thought this was the only way they were able to afford furniture. Once the social worker clarified how much they were actually spending on furniture and how much on interest, and helped them get credit at a better furniture store, they were able to buy furniture that did not fall apart and was cheaper over the long run.

This is one example of how the objective of improving consumer practice is met. One center provided programs at parent meetings on budgeting, credit, and smart shopping. A number of families in that center were referred to consumer counseling or were helped to design their own budgets. Families in other centers were given assistance in obtaining surplus food or food stamps.

Although some specific instances are known where centers helped families with consumer practices and budgeting, there is scanty evidence of impact in this area in the case records of most families. Again, this raises questions as to whether consumer practices are the business of day care, and if so, how likely is there to be an impact in this area. If there is impact, is it achieved and measured without invading privacy?

Inadequate consumer practices were evident for only 7 percent of family case records. No evidence was found in 72 percent of the records, and in 20 percent the practices appeared to be adequate. (See Table III-24.) The considerably higher percent of inadequate practices (34 percent) found in Georgia may be more of a reflection of the social worker's concern for good budgeting and her close relationship to parents than of higher incidence of the problem among families in that center. Improvement in consumer budgeting was noted for most of the families where this presented a problem.

Social workers evaluated whether family practices on food and non-food budgeting showed any change at the end of enrollment. They noted no change in these areas for over 40 percent of the families. But 16 percent and 13 percent improved on food and non-food budgeting respectively. The lack of evidence in case records on consumer practices is corroborated by social workers who indicate they have no knowledge about budgeting on food and non-food items for over 40 percent of the families. (See Table III-25.)

Adequate Sleeping Arrangements-- Regular Bedtime for Child

"Family observes regular bedtimes for children."

During the home visit, the social worker can note sleeping arrangements and assess their adequacy, especially for the children. Sleeping arrangements seemed to be inadequate initially for 25 percent of the families. (See Table III-26.) Evaluation staff; sometimes by reading between the lines of case records, concluded that by the end of the child's enrollment sleeping arrangements were adequate for 45 percent of the families, had improved for 10 percent, showed no improvement for 10 percent, with no information for 35 percent of the families.

There is more knowledge about sleeping arrangements than about balance in meals and consumer practices. Sleeping arrangements more directly affect the child in day care and may be more visible to a social worker who may confront problems directly. Clearly a child who is frequently late, sleepy, or complaining shows the wear of poor sleeping arrangements. Also, the family might seek assistance from the social worker in finding another bed or crib or better housing arrangements.

The social worker's evaluation shows that 18 percent of the families had better sleeping arrangements at the end of enrollment, with a high of 62 percent in Alabama. (See Table III-26.)

It was hoped that families would observe regular bedtimes for children. For the most part, bedtimes were not a problem. For over half of the families, children apparently had regular bedtimes on enrollment, and an additional 3 percent had regular bedtimes by the end of the enrollment period. For 39 percent of the families there was no record. (See Table III-27.) Social workers felt that regularity of children's bedtime was better for 13 percent of the families and remained the same for 65 percent. These remaining the same probably had regular bedtimes to begin with. For a breakdown by states see Table III-27.

Alabama and Georgia have the highest percentages of families who improved in this area. In both states, the day care program spent considerable time with parents discussing the importance of a regular schedule and plenty of sleep for children and in planning schedules for them.

Dental Hygiene

Children in the SDCP centers receive toothbrushes and learn to brush correctly. Brushing teeth is part of the regular schedule after meal time. The day care programs hoped the habits established during the day would be reinforced at home. SDCP evaluation staff tried to assess whether the children practiced dental hygiene at home. (Social workers were asked to

indicate in their family records whether the children had toothbrushes at home, and whether they seemed to use them.) The records show that dental hygiene was inadequate initially for children in 8 percent of the families, but that improvement was noted for 7 percent by the end of enrollment. Dental hygiene seemed adequate or was not applicable (for infants) in 46 percent of the families. There was no record for 45 percent. (See Table III-28.) Social worker's assessments of availability of toothbrushes for children cooroborates the evidence otherwise deduced from records. They also found improvement for children in 7 percent of the families, and had no knowledge for 25 percent of the families.

Educational Materials in the Home

"Family encourages use of educational materials in the home (crayons, library books if available, storybooks or catalogs to look at pictures).

Educational materials were available in 41 percent of the homes at the time the child enrolled, while 5 percent more families had increased access to such items during the enrollment period. It is interesting that many times social workers specifically noted that use of TV indicated presence of educational materials. For 8 percent of the families the case records indicated a lack of educational materials in the home. For 46 percent of the families there was insufficient information in the case records to determine availability. (See Table III-29.)

This seems to be an area on which day care could have considerable influence. For this reason limited access to simple, educationally stimulating materials, ranging only as high as 22 percent of the homes in one state, is disturbing. The relatively large percentage of families for whom there is no information is also disquieting in an area where social workers and day care staff might have an impact.

Even less is known about whether families make better use of a nearby library during the child's enrollment. Social workers, in their evaluation of this item indicated no change for 53 percent of the families, and improved utilization for only 9 percent. The percent with no record is high--38, again indicating an area on which social workers did not always probe. (See Table III-30.)

Summary--Impact on Life Styles

The preceeding discussion on various aspects of living leads to the question, "Can day care change living patterns?" The question does imply that a change in living patterns is sometimes desirable. Desiring change may seem paternalistic; however, the objective of the Project which explicitly enumerate these changes were designed with the help of consumers of the program.

The data derived from the SDCP experience cannot be taken as exact measurements of adequacy, inadequacy and change in various living patterns. At most they are indicators of the trends in various areas, and of the relative degree to which any one area or life pattern may be affected compared to others.

Living patterns in most areas appeared to be adequate on enrollment, or improved soon after enrollment, for at least half of the families in all areas except balance of meals, consumer practices and dental hygiene for children. Yet these are the areas on which there is the least information, so that the SDCP cannot conclude these are life practices which require the most help. Improvement by the end of enrollment was noted for 3 percent to 10 percent of the families on various living patterns. No change was noted for one percent to 10 percent on the various items. (See Table III-31.) Thus, it seems that for the families initially inadequate on a number of measures, an equal number had improved at the end of the project as those who showed no change. Substantial positive change in questions of lifestyle is at worse difficult to affect and at best difficult to measure. Improvement seemed somewhat more likely in the area of good homemaking skills and adequate sleeping arrangements than in some of the other life practices.

The great lack of information may mean several things. To some extent social workers may have known more than they wrote in the case records. The social workers indicate they knew about family conditions on items in their final evaluations when SREB analysis could find no information in the narrative case records. For example, while the social workers in their final evaluation indicated they did not know about the availability of toothbrushes in the home for only 25 percent of the families, evaluation staff found no record in the family histories on this item for 52 percent of the families. (See Table III-32.)

The lack of knowledge is particularly evident on consumer practices, nutritional practices in the home and availability of educational materials and use of library books. How can the lack of information about these and other life patterns be explained? Does it mean that some areas are too private, or "none of the social worker's business"? Does the lack of information suggest that the kind of close and constant relationship required to permit broaching discussion on some of these areas is only developed by the social worker with a handful of families in each program? Do the results in these areas hold any implications about the boundaries of realistic social work and objectives for day care?

TABLE III-19

IMPROVEMENT OF HOMEMAKING SKILLS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	17	60	36	24	34	58	66	48
Improved	46	8	40	17	22	10	2	16
No improvement	4	8	11	4	4	4	3	5
No record	33	23	13	56	39	27	29	31

Social Worker's Assessment

(Percent of Families)

Same	25	80	40	13	56	72	31	49
Better	75	14	51	4	21	15	7	20
Worse	0	1	0	0	0	0	0	1
Don't know	0	5	9	83	23	13	61	30

TABLE III-20

SOCIAL WORKER'S ASSESSMENT
OF CLEANLINESS OF HOME

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	46	75	51	16	48	70	76	59
Better	54	21	38	7	10	28	2	18
Worse	0	3	0	0	0	0	1	1
Don't know	0	1	11	78	42	3	20	22

TABLE III-21

IMPROVEMENT OF MOTHER'S PERSONAL APPEARANCE

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	54	66	51	29	41	60	64	54
Improved later	29	4	11	2	6	4	1	6
No improvement	4	3	4	4	1	1	2	3
No record	13	27	33	65	51	33	33	37

Social Worker's Assessment

(Percent of Families)

Same	21	89	53	18	79	77	93	71
Better	79	10	47	2	9	21	3	17
Worse	0	0	0	0	0	0	0	0
Don't know	0	1	0	79	13	1	3	12

TABLE III-22

REGULARITY OF MEALS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	83	58	36	20	75	52	40	51
Improved later	8	1	11	2	1	4	2	4
No improvement	0	3	13	2	3	0	3	3
No record	8	38	40	76	21	43	54	42

Social Worker's Assessment

(Percent of Families)

Same	21	84	38	24	72	81	68	63
Better	75	14	42	0	10	7	3	15
Worse	4	1	0	0	4	0	0	1
Don't know	0	1	20	75	14	13	28	21

TABLE III-23

NUTRITIONAL BALANCE OF MEALS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	54	14	24	11	32	21	16	22
Improved later	13	3	27	0	0	3	0	4
No Improvement	0	1	1	0	1	0	1	3
No record	33	83	49	89	68	76	84	71

Social Worker's Assessment

(Percent of Families)

Same	25	82	24	22	65	81	47	55
Better	75	16	53	0	10	0	6	16
Worse	0	0	0	0	0	0	1	0
Don't know	0	1	22	78	25	19	46	29

TABLE III-24

ADEQUACY OF CONSUMER PRACTICES

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	42	21	11	2	31	24	15	20
Improved later	13	4	27	2	0	0	3	5
No improvement	0	3	7	0	0	4	0	2
No record	45	72	55	96	69	72	72	72

TABLE III-25

SOCIAL WORKER'S ASSESSMENT
OF FAMILY BUDGETING - FOOD ITEMS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	33	67	22	18	65	69	21	45
Better	67	23	53	2	4	4	2	16
Worse	0	8	0	0	0	1	0	1
Don't know	0	1	24	80	30	26	76	38

SOCIAL WORKER'S ASSESSMENT
OF FAMILY BUDGETING - NON-FOOD ITEMS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	29	71	20	7	61	63	17	41
Better	67	19	56	0	3	0	0	13
Worse	0	8	0	0	0	0	0	1
Don't know	4	1	24	93	36	38	83	44

TABLE III-26

ADEQUACY OF SLEEPING ARRANGEMENTS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially inadequate	46	24	62	17	31	14	11	25
Improved later	42	1	22	7	9	10	6	10
No improvement	17	19	27	4	10	1	2	10
Adequate	25	48	29	22	66	58	40	45
No record	16	32	22	66	17	32	43	35
Social Worker's Assessment								
Same	38	81	62	16	70	75	59	62
Better	62	15	27	2	14	19	12	18
Worse	0	1	4	2	6	0	3	3
Don't know	0	3	6	80	10	5	27	18

TABLE III-27

REGULARITY OF CHILD'S BEDTIME

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	71	66	47	40	73	56	36	54
Improved later	8	0	7	2	4	3	0	3
No improvement	4	3	13	0	9	1	2	4
No record	17	31	33	58	14	40	62	39

Social Worker's Assessment

(Percent of Families)

Same	46	78	62	13	82	90	56	66
Better	54	19	29	4	6	0	11	13
Worse	0	1	0	2	1	0	2	1
Don't know	0	1	9	80	11	10	30	20

TABLE III-28

ADEQUACY OF DENTAL HYGIENE FOR CHILDREN

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially inadequate	13	10	9	4	14	3	8	8
Improved later*	25	4	18	0	11	4	3	7
No improvement	4	1	2	0	4	0	0	1
Adequate or not applicable**	59	48	56	26	62	42	35	46
No record	12	46	24	73	21	54	62	45

*Initially adequate or inadequate
**Not applicable for infants

Social Worker's Assessment

Same	67	89	89	20	76	88	53	70
Better	33	10	7	0	13	1	1	7
Worse	0	0	0	0	0	0	0	0
Don't know	0	1	4	80	11	11	45	23

TABLE III-29

AVAILABILITY OF EDUCATIONAL MATERIALS IN THE HOME

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Initially adequate	54	40	36	22	55	46	35	41
Improved later	8	5	18	2	4	1	1	5
No improvement	13	8	22	0	13	1	6	8
No record	25	47	24	76	28	51	57	46

Social Worker's Assessment

(Percent of Families)

Same	29	70	27	13	49	78	46	50
Better	71	29	67	7	23	13	12	25
Worse	0	0	0	0	0	0	0	0
No record	0	1	7	80	28	10	43	26

TABLE III-30

SOCIAL WORKER'S ASSESSMENT
OF UTILIZATION OF NEARBY LIBRARY

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Same	100	80	53	18	66	54	27	53
Better	0	18	18	0	11	7	3	9
Worse	0	0	0	0	1	0	0	1
Don't know	0	3	29	83	21	39	70	38

TABLE III-31

IMPACT ON LIFE STYLES FROM CASE RECORDS

(Percent of Families)

	Initially Adequate	Improved Later	No Improvement	No Record
Homemaking skills	55	9	5	31
Homemaker's personal appearance	54	6	3	37
Regularity of Meals	51	4	3	42
Balance of Meals	22	4	3	71
Consumer practices	20	5	3	72
Adequate sleeping arrangements	44	10	10	35
Regular bedtime for child	54	3	4	39
Dental hygiene	39	7	1	52
Availability of educational material in home	41	5	8	46

TABLE III-32

SOCIAL WORKER'S ASSESSMENT
OF LIVING PATTERNS

(Percent of Families)

	Status at End of Enrollment			
	Same	Better	Worse	Don't know
Homemaking skills	49	20	1	30
Cleanliness of home	59	18	1	22
Homemaker's personal appearance	71	17	0	12
Regularity of meals	63	15	1	21
Balance of meals	55	16	0	29
Budgeting for food items	45	16	1	38
Budgeting for non-food items	41	13	1	44
Adequate sleeping arrangements	62	18	3	18
Regularity of bedtime	66	13	1	20
Toothbrushes	70	7	0	23
Reading material	50	25	0	26
Use of library	53	9	1	38

SECTION 6: PROGRESS ON FAMILY PROBLEMS

"To strengthen parents by assisting them to gain access to and use available community resources and needed services.

Family uses community resources more effectively. Family receives aid through more effective use by social worker referrals, outreach activities, and follow-ups.

Family's use of social services in the community is coordinated through the efforts made by social service and day care staff."

Identification and Action

The evaluation of the social work activities of the Project is based on the social work histories and on other information supplied by each program on each family. Initially the Project requested that the social worker keep a complete and thorough record (or social history) on every family. This record addressed itself to all areas in which the day care program was striving to leave a mark. As in many projects, the hope of what the records would contain and the reality of what they did contain are miles apart. Often the information provided is minimal and provides almost no basis for evaluation of the family's condition relative to many variables followed by the Project.

The Project requested the social workers to note not so much the past history of the family, but the problems each family faces and subesequent referrals, counseling and action on the problems. This permits evaluation of the impact of social work on family problems. (See Appendix D for the suggested format and a successful example of recording problems and subsequent actions. Unfortunately not as many social workers as the evaluation staff would have liked made use of this form or approach.)

The problem-oriented approach of recording and evaluating social work was carried thorugh in the SREB evaluation. The evaluation reviewed each family's record to identify and follow subsequent events problem by problem. In some instances these problems were specifically described in the case record, and in others they had to be deduced, between the lines. For example, a social worker's case record might clearly indicate that the family lived in two rooms, and had 4 children, the youngest aged two. Two problems were apparent: housing and need for family planning. Evaluation of the case records, therefore, clearly depends not only on a family's own identification of a problem, nor on just the social worker's delineation of such, but also on the interpretation of the record by evaluation staff.

Problems were classified as follows:

IDENTIFIED PROBLEMS BY TYPE OF PROBLEM

(Percentage of Total Problems)

Family Planning	12 percent
Invalid or Handicapped Person	4
Mental, Emotional or Physical Health Problem (Not child in day care)	20
Alcoholic	3
Marital	13
Need for Medicaid	2
Financial Emergency	13
Others (e.g., Food stamps, housing, or school-age child needs day care)	34
	100 percent

The following are examples of the kinds of problems in various classifications:

Family Planning - repeated births, unmarried teen-age mothers, strain on family if additional children are born

Invalid or handicapped person in home - a relative in the home who is incapacitated

Mental, emotional or physical health problems - a depressed person, one requiring remedial surgery or treatment, one openly described as unstable, a retarded person in the home, difficulties with parenting

Alcoholism - member of the family with a drinking problem

Marital - desire to obtain a divorce, a contested divorce, apparent and unresolved marriage conflict, or frequent domestic quarrels

Need for medicaid - an eligible person who does not have a medicaid card

Financial - although chronic low income might be assumed to be such a problem, this only denoted emergency financial situations

Others - housing, furniture and clothing needs were often cited. A need for day care for another child, need for food stamps, delinquency or truancy also included.

As seen above, the most frequent classification of problems is "other." Although need for better housing accounts for a large number of these, the category also is a catch-all for problems which were not otherwise classifiable.

The 424 families in the program had a total of 634 identified problems, or an average number per family of 1.5. In Alabama and Georgia this number was much higher, 2.5 and 2.3 per family, respectively. (See Table III-33.) In Alabama this may stem from the lower number of families served in the program (only 24 in three years), which permitted greater concentration for a longer period of time upon a small group of families. In Georgia, the high rate of problems reflects intense social work that was definitely problem oriented. The social workers in Alabama and Georgia made a greater effort to report problems than was true in the other states. In the other states, with records less likely to be problem-oriented, identification of problems often depended upon evaluation staff's reading of the entire record. The lowest number of problems recorded per family occurred in Mississippi (.6 per family). The social work component in Mississippi was weak--there were no social histories on many of the families served there.

For each problem, the evaluation assessed the following from the case records:

a. Was a referral made? This might have occurred as soon as the family problem was identified, or later during the family's involvement with the day care program.

b. If no referral was made to another agency, did the social worker give advice or counsel? This might be the case, for instance, with marital problems, where a referral might not be indicated, but where understanding support or guidance from the social worker might possibly alleviate the problem.

MARITAL PROBLEM

On the first visit made to the Dunham's, there was some evidence that the marriage was unstable, but intervention seemed inappropriate. When the two children were enrolled in day care, both the social worker and teacher had numerous contacts with the parents. During the course of enrollment the parents separated, the children were sent to stay with relatives, and the husband remarried. He brought his new wife to live with his first wife and children. Then he left; the mother requested the children be placed in foster care, and she moved to another state. The last information is that the children are in the custody of relatives and there is no word of the mother.

During this stormy time, the social worker and teachers were aware of the situation but there was little that could be done, other than being supportive, available, and providing care for the children while the parents worked out their personal problems.

c. If no referral was made, and no advice or counseling indicated, was some other agency already involved in handling the problem?

d. Was this a problem for which no feasible solution seemed at hand? For example, if a low-income person needed better housing and was already on the list for a public housing unit, perhaps nothing else was feasible at the moment.

The evaluation treated the problem as unsolved when advice was not given, referrals were not made, and when no other agencies were involved, always provided that there might be some solution to the problem.

Referrals and advice or counsel often do not yield an immediate solution to a problem. For example, a handicapped person's referral to vocational rehabilitation may later result in the person actually becoming enrolled in a training course, or obtaining a job. This indicates "positive action" occurred. Another example might be a referral of a family to a health service. If the person's referral actually took place, and the health service gave treatment for the condition or problem, the result is a "positive action." If however, the referral yielded no possible remedy or improvement, no such positive action could be shown. Likewise, if the referral was not accomplished, perhaps where a client failed to keep an appointment, again no positive action could be shown.

Relative to the 634 problems identified, there were 249 referrals to other agencies or community resources. (See Table III-33.) Additionally there were 87 problems on which the social worker counseled or gave advice, and 78 where referrals or social work counseling could not solve the problem. Other agencies were already involved in handling 112 problems. The balance of 108 problems received no discernible attention.

Initial positive action was taken on 152 of the 624 problems. Additionally, 116 positive actions were taken at a later point. The SDCP evaluation cannot say the initial and subsequent actions were additive on different problems. In other words, some problems may have had more than two positive actions (initial and subsequent), while others may have had none, so that one cannot conclude that of 634 problems, 268 showed evidence of positive action. The only valid conclusion is that of 634 problems, a maximum of 268, or a minimum of 152 had evidence of positive action.

The highest percentage of problems on which action was taken occurred in Alabama. Indeed, every problem that seemed capable of some improvement received attention. This happened despite the fact that social work responsibility was taken by a county welfare worker rather than by a day care social worker or staff member. Georgia also had very few problems on which nothing happened. Mississippi had the highest percent of unresolved problems (48 percent), with the rest of the states ranging from 12 percent (Florida) to 28 percent (North Carolina). Georgia had the highest percentage of referrals, with 79 for 108 problems. This reflects both a social worker who is very aware of existing community resources and a city with many agencies and facilities.

> Housing was a problem for many of the families living in an urban renewal area. Many of the apartments were in a terrible state of disrepair and were scheduled for demolition in the near future. Public housing was limited, and already had a long waiting list. The social worker investigated other solutions. She helped families apply for assistance from HUD that allowed them to buy homes of their own. She located other alternatives--a low-income private development, church-supported housing, and other rental property in the area. In one case the social worker was able to obtain public housing for a family by having the family stay at the Salvation Army in order to be considered for emergency housing.

In addition to analyzing the 634 problems by states, the evaluation classified them by the type of problem and the subsequent action or reaction to these types of problems.

The two problem areas in which there is the greatest inaction, or inability to obtain positive action after referral or advice, are family planning and alcoholism in the home. The inaction in regard to family planning problems may reflect (1) the program's failure to identify this as a problem to the same extent that evaluation staff identified it as such, and (2) the reluctance of social workers to bring this up with their clients when they do see it as a problem. Inaction on problems of alcoholism may reflect the difficulty of handling this problem and the lack of resources in a community.

A family's need for medicaid was the problem which had the highest percentage of positive initial action. This was not a major problem area for families. Apparently many already had their medicaid forms, and if not, getting one was a straightforward matter. The large group of miscellaneous problems, which includes housing, shows 30 percent had initial positive actions, with 19 percent subsequent positive actions.

The percentages of referrals, advice, and other social work alternatives should not be interpreted as hard and fast outcomes, but rather as trends and directions. Because of the difficulty of interpreting the records available, the results are not specific to last digits, but descriptive of the trends of what happened relative to the problems.

TABLE III-33

SUMMARY OF IDENTIFIED FAMILY PROBLEMS

(By States)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
No. of families	24	73	45	45	71	72	94	424
Problems identified	59	121	108	27*	90	104	125	634
Average problems per family	2.5	1.8	2.3	.6	1.3	1.4	1.3	1.5
Handled through:								
Referral	38	30	79	7	21	37	37	249
Counseling	7	26	11	3	9	10	21	87
Another agency previously involved	10	35	7	1	22	11	26	112
No feasible solution seen	8	15	2	3	13	24	13	78
Nothing happened	-4	15	9	13	25	22	28	108
Percent of all problems	0	12	8	48	28	21	22	17
Positive actions:								
Initially	20	27	41	3	9	28	24	152
Subsequently	24	23	12	6	11	18	22	116

*24 families had no social histories

TABLE III-34

SUMMARY OF IDENTIFIED PROBLEMS

(By Type of Problem)

	No. of Problems	Referrals	Advice or Counsel	Previously Handled	See No Solution	Nothing Happened	Positive Actions Initially	Positive Actions Subsequently
		(Percent of Problems)					(Percent of Problems)	
Health of other member of family	125	38	12	13	10	9	23	19
Financial	85	39	19	11	19	13	24	15
Marital	80	23	21	19	25	12	16	34
Family planning	77	34	8	16	3	40	17	9
Invalid or Handicapped person in home	25	24	8	32	12	24	20	8
Alcoholic in home	17	6	24	29	0	41	6	6
Need medicaid	12	83	8	8	0	0	58	17
Other (includes housing)	213	51	12	11	11	15	30	19
Total Problems	634	39	14	18	12	17	24	18

Weighing the Overall Effects of Social Work in Day Care

What does it all add up to? Does intensive social work, such as envisioned in the SDCP, either through Project staff or through coordination with other resources, help families cope with or solve their problems? Does day care, with a strong social work component as an integral part of the program help families make positive changes in their lives? Does it improve their chance for economic success? Improved health? Better living arrangements? Better relationships between family members, including the children?

Sometimes "yes"...

> When one mother enrolled her three children in the day care center, she was living in very crowded conditions with her relatives, and had just been fired from her job. The living situation continued to deteriorate. The father-in-law had a drinking problem, and both in-laws showed extreme favoritism to one of the children. The mother, although penniless, was strongly motivated to improve her situation.
>
> The social worker referred her to the welfare department where she was able to receive financial assistance. The social worker took her out to pick up commodity foods, and helped her arrange transportation from then on to pick up food. The mother was enrolled in the OIC training program, and was assigned a nice apartment in a housing project. Furnishings were obtained by appealing to charities and private donors, and the family was able to move into their new apartment by Thanksgiving with adequate furnishings and plenty of food.
>
> The social worker provided continued support and assistance for several other legal and employment problems. In the seven months that the social worker worked with the family, the living situation had improved immensely. The mother was gainfully employed, the children were considerably healthier and had beds of their own. The mother has an improved self-image and has learned to be more patient with her children, and was demonstrating much imagination and interest in creating educational toys.

In another case...

> The mother really faced overwhelming problems when her child was first enrolled. She had a low-paying job and lots of debts for things she had bought on credit. Her husband was an alcoholic, completely unable to hold a job. He would go to work for a few days, and drink and lose the job. He had been in a mental institution. He often beat her. Two older children were in custody in Florida and the mother did not hear from them.

The financial situation seems to be improving through the efforts of the parents and social worker.

After several false starts, and numerous referrals, the mother enrolled in and completed an IBM training course and has a better job. The social worker referred the father to vocational rehabilitation. He went to a house for alcoholics where he now lives five days a week, but is sober, and the parents see each other on the weekend. He has been enrolled in a technical course through vocational rehabilitation and is acquiring some skills and is doing on-the-job training. He seems to be conquering his alcoholism and becoming a responsible and productive citizen.

The couple was referred to a mental health center for extended counseling so they could better understand each other and work out their marital problems.

The mother was referred to consumer counseling where they consolidated her numerous debts and helped her straighten out the financial mess. She is gradually paying off her debts, and learning not to get into a similar situation. She has been put in touch with her children in Florida through Legal Aid, and hopes to see them on a family trip. The entire situation looks more hopeful.

Sometimes "no"...

When the mother enrolled her three children in the day care center, she said she wanted a job, but was not interested in enrolling in any kind of training program. The center directed her to a job, but she was laid off after six weeks. The mother was then referred to the OIC training program, but after three visits, did not return, saying she needed to go right to work. After she was unable to get a job, she indicated that she would consider getting some training, and a referral was made to an evaluation center. She did not follow through with the referral.

The social worker indicated that the mother was an immature, unstable individual. On several occasions she ran off and left her children with a relative for as long as a month. On one of these occasions while she was gone, one of her children set a bedspread on fire causing a major fire in the home and one child broke an arm. The children had to be hospitalized. The mother refused a referral to the psychiatric clinic for herself and one child.

The mother did not relate to any of the staff or the social worker. She would leave the children at the door of the center and often send someone for them at the end of the day.

At one point the possibility of withdrawing the children was discussed, but it was felt that they would do better by remaining at the center even if their attendance was poor and the mother's cooperation was very limited.

The social worker concluded that her efforts and the efforts of the welfare and health departments were futile. In fact the welfare department social worker openly disliked the mother because of her irresponsibility. The children were withdrawn when the mother decided to move to another state. The case record was sent to the appropriate city with the recommendation that the family be placed in protective services.

And in another case...

The Smith's have thirteen children; the youngest are five school-age boys. They were trouble-makers in school, making poor grades and were in trouble with the law. The center offered itself to the schools as a resource for their problem children.

Of the five boys, three are in the day care program. Two are no longer in the program because one was convicted of larceny and is serving time in the state prison for young offenders and the other was so difficult to deal with---stealing, causing fights, using bad language--that he was placed in a home for juveniles. As the center director wrote, "He is more than we can deal with."

One of the boys still in the program is mentally retarded and the center hopes that special education classes will help. He has a history of stealing and the staff watches for stolen articles brought to the center.

One of the boys is well-liked, is a leader in his class, and is making it in school. There is real hope that he will be a productive citizen. He has a slight speech problem which makes it difficult to understand him, but he is being tutored by volunteers in the day care program.

Many agencies have assisted this family and the boys have been evaluated. Both parents are working and have their hands full trying to meet the economic necessities as well as dealing with the five boys. What can day care do? Day care gave the boys much individual attention and concern. Three of the boys may stay out of serious trouble. Day care and an involved social worker may not be able to remedy anti-social behavior after it has been deeply ingrained.

Where to House Social Work?

Does it make a difference where the social worker is housed? In the center, or in the welfare agency? The Project notes that success for families (meeting their problems, helping them find jobs, etc.) was found to be quite strong in two states with different social work arrangements. One had a half-time social worker on the day care center staff, and the other used a welfare department social worker. The latter was given a lighter regular case load so she could concentrate on the day care families. The number of day care families she dealt with was small, and had less turnover over the three years of the Project than in other states. Within these constraints, the results for the families with whom she worked compare very well, if not better, than to those in other states with social workers on the day care staff.

The SDCP experience cannot clearly conclude that social work is more effective if a center has its own social worker. Much depends upon the composition of the total staff in each situation, especially the concerns and leadership of the program director.

The experience of the SDCP programs does indicate that where the center has its own social worker, the effectiveness of her work depends on close coordination with other social workers from other agencies who often are also involved with many of the families. Not only is it important to prevent duplication of efforts (and files!) but also to avoid working at cross purposes when different social workers make conflicting referrals or judgements.

> A mother was having discipline problems with an older child and had discussed the problems and feelings of frustration with the day care social worker. The social worker took the liberty of relating the problem to the service worker who then called on the mother and discussed the possibility of a foster care placement for the child. The mother was furious that the day care social worker had not kept her case confidential and had not asked her permission to share the information with the other social worker. As it turned out the problem worked itself out when the child enrolled in the school-age program and other financial and employment problems were solved.

Summary

The differences in the degree of success or failure of social work efforts may reflect that some families are on the threshold of improving their lives, while others are not. Where a mother already has motivation, the support and referrals from a concerned social worker may be just what is needed for the first, difficult attempts to rise and progress. Perhaps it is in these cases that the social work payoff is most often evident. Perhaps social work that measures its effectiveness in positive changes may not

be feasible in some hard-core situations, no matter how consistent the supportive efforts might be.

The SDCP's detailed analysis of case records permits some generalizations of depth and effects of social work in the various programs:

1. When case records are analyzed from the viewpoint of the number of problems families face, the majority of problems receive some type of attention. Moreover a great number of positive actions were recorded indicating that some progress was being made on a good many problems.*

2. To the extent that social workers were involved in assisting families to find jobs, the success rate on this measure was approximately two thirds. Two thirds of the families who sought day care because they wished to go to work succeeded in finding jobs by the end of enrollment of their children.

3. Many families were encouraged to avail themselves of training programs. Social workers identified 67 adults who sought training, and assisted one-third who enrolled. Unfortunately the attrition rate for these trainees, as well as for others who were already in training when the children enrolled, was quite high.

4. Experience of the SDCP suggests the quality of social work depends on the capability of the individual worker, not specifically on her training or on where she is housed. Presumptions that certain types of training or administrative structures would insure good social work did not pan out. Rather, provision of quality social work depends more on individual strength, temperament and capability.

5. Strengthening relationships between parents and their children is an objective that pertains to the entire day care staff, so that social workers certainly do not bear the major burden of meeting this goal. Yet they have frequent contacts with the parents, and may thereby be important agents in promoting these relationships. The various indicators that the Project monitored to measure parent-child relationships did not produce clear evidence one way or another. Parents did seem to be more aware of the teachers' names late in their children's enrollment, as compared to early in enrollment. This would seem to be a natural outcome of exposure and perhaps not as meaningful an indicator as improved verbal communication and discipline skills with their children. Gains in verbal communication and discipline skills were not found to be widespread. However, this may indicate that these skills were good to begin with. Also these are skills where seeing change depends on making subjective judgments. No real conclusions can be made on gains in these types of skills.

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*Despite frequent encouragement, social workers for the most part failed to prepare problem-oriented records.

6. It is also difficult to come to any conclusions about the effect of the social work component of day care on numerous living patterns--consumerism, meals, regularity of eating and sleeping, availability of stimulating materials for the children, etc. One of the hindrances to reaching any conclusion is the lack of information in the records about these areas. The high proportion of "no records" or social worker "don't know's" in themselves raises the question of how realistic it is to expect day care to have an impact in these areas. Where information on various living styles is discussed in case records, only a small percentage of the families seem to have real problems in these areas. Relative to the small number of problems identified, the occasional changes or improvements explicitly noted appear more significant. Perhaps day care is able to leave a mark on the life styles of families where problems are severe enough to substantially interfere with the development of the children.

PART IV

PARENT INVOLVEMENT AND COMMITMENT

SECTION 1: PARENT INVOLVEMENT

"To strengthen parent's role as a member of the community and as partner in the day care program.

By providing parents an opportunity to participate in the planning and implementation of the day care program for their children.

By encouraging parents to avail themselves of a variety of opportunities to have contact with the day care programs at times and locations convenient to parents."

The SDCP defines day care as a service to families as well as to their children. In a very real sense, day care staff becomes a partner with parents in the rearing of children. This philosophy makes it imperative that there be a real commitment to parent involvement and that there be opportunities for communication between parents and staff. The quality of this partnership is aptly described by one of the center directors:

> "Involvement that makes the real difference is based on the genuine acceptance of both parents and staff of the premise that parents of children in day care do not give up their parenting role to the center staff, but work with and through center staff to seek what is best for the children."

Parent involvement may take various forms. It includes organized parent groups, participation by parents on advisory committees, opportunities for volunteer activity on the part of individual parents, and regular communication between parents and programs. It also includes more informal involvement by individual parents. Examples of this are parents who talk or visit a few minutes as they pick up their children each day, notes back and forth between staff and parents, phone calls. Communication need not necessarily relate to problems, but serves best as a way of sharing experience about children.

Parent Participation in Designing the Overall Project

From the beginning, SDCP staff wanted to have realistic parent involvement in all phases of the Project. The first step in beginning the Project was the definition of goals and objectives for the kind of services to be

delivered and for a basis from which to develop an evaluation process. Obviously parents needed to be involved at that stage.

Since the actual families that would be served in the programs had not been identified, each state was asked to select two parents who would be generally representative of the population that would be served. These 16 parents were paid expenses and consultant fees to come to Atlanta for a two-day meeting. Parents might not feel comfortable in speaking freely in front of a large number of professionals, especially those from their own states. Therefore the arrangements were that parents met by themselves with only a few key central staff members present. However, state staff needed to have experience in involving and listening to parents, so on the second day state administrators were present and the parents reported to them on the deliberations of the day before.

The group was extremely responsive and articulate. All were low income; some were already working, others were in WIN training, and still others were "recipients" hoping to go to work. Some were white, although the majority were black; they ranged in ages from 20 to one woman who was a grandmother concerned about the care of a grandchild she was raising.

The ideas generated by the parents were combined with those of the professionals in the field of child development and social work--to define not only the goals and objectives but the philosophy of day care adopted by SDCP.

It is important to the success of day care that parents whose children are served in the programs know and understand this philosophy. Consequently, the Project prepared Day Care Is..., a publication which expresses in pictures and simple language the philosophy, goals and objectives of the Project. This was distributed to all parents involved in the program and in some centers it was used as the basis of a discussion at a parent meeting.

During the second year of the Project, parents were again invited to participate in a conference. This time, 17 parents who actually had children in the SDCP centers participated. This group included two fathers. The group was involved in the same process as the first group; on the basis of actual involvement in the program, the parents essentially confirmed the ideas put forth by the first group.

As a matter of policy, parents were included on panels when the Project was asked to present information at national or regional meetings. They also participated in workshops sponsored by the Project on such issues as school-age day care and staff utilization in day care. Parents also participated when individual state groups did presentations at meetings within their states. In addition, the SDCP funded a parent member of each advisory committee to attend the 1972 NAEYC conference in Atlanta. Each time parents attended project meetings outside of their communities, there was renewed parent interest at the local level.

Involving parents early and in every level was an attempt by the SDCP to demonstrate commitment to parent involvement. This process is helpful and establishes intent to really involve parents. However, there is still much to be discovered about getting real parent input. Although every effort was made to minimize the danger, it cannot be overlooked that parents coming to a meeting in a big city for the first time, receiving a consultant fee, might feel that they needed to say what they thought professionals wanted to hear. However, at the second meeting when they were encouraged to identify areas needing improvement in the various programs, they registered almost total satisfaction. Since the parents were pleased with the almost free services provided by the programs, they may have been reluctant to offer suggestions.

While there were no major differences between parents and professionals about objectives for children, parents did put more emphasis on such things as manners, learning a prayer before lunch, and "minding." Both parents and professionals were in agreement that it was important for children to be learning, with parents placing more emphasis on such things as letters, numbers, and "getting ready for school." Differences may be more in the way in which goals are verbalized than in the actual goals themselves.

Parent Meetings

"Don't just take our kids--we want to be involved, too." This was part of the advice given by the first parent consultants. Among other things they wanted socials, like potluck dinners where they could bring their kids. They went on to say that if they were going to learn about kids, they wanted to be able to bring not only husbands but boyfriends or brothers, or whoever the men in their lives were that were in contact with their children. "They need to learn, too."

In most of the centers, the early meetings were largely social activities that gave parents a chance to get acquainted with each other, with the staff, and to become familiar with the center and its policies. The goal was to have the parents take as much responsibility as possible for this aspect of the program. Usually officers were not elected at least until the second or third meeting, so that there was time for the real leadership to emerge.

Often in staff-planned parent meetings, improved parenting is the objective. In fact, these are often referred to as parent-education meetings. Several SDCP programs did not introduce this until the point that the parents asked for it. In one center each parent meeting included a short time when parents were taught to teach their child at home in the same way they were being taught in the center.

Parents were interested in meal planning, buying, and consumer education. At one center a bank official came to one meeting and actually helped parents prepare their income tax returns. Other meetings dealt with developing skills and hobbies such as sewing, ceramics, and painting. In one instance, parents taught each other how to make Christmas decorations.

Eventually in some of the programs, parents did begin to seek help in handling problems with their children. Some of this was fairly formal. For example, one center set up a class on behavior modification for a group of parents who were having some specific problems. But, a great deal of informal discussion of children took place over sewing or making pottery.

The overall experience of the SDCP suggests that the highest level of parent involvement and activity comes when the day care program is threatened. At several points, the parent groups became politically active, writing HEW urging the continuation of Title IV-A funds, writing Congressmen and local leaders to seek the continuation of policies that allowed some children from non-poverty families or children from families whose incomes had improved to stay in the program and to pay fees. At the end of the Project period, one center was faced with lack of funds to continue and the parents organized, incorporated, and were able to get funds to continue. They are now looking for ways to expand the program since it cannot serve all of the children in the immediate neighborhood.

In all of the SDCP centers, the staff took the initial responsibility of getting parent groups organized and meeting regularly. Program time and location were set by the staff, but gradually in most groups, the parents assumed more responsibility in running the group and deciding its focus. In several centers, the parents completely took over the meetings. In one center, the parents completely took over the parent group and meetings were held in individual homes, and functioned with little direction from the staff. That particular parent group became very interested in doing things for the center and held a number of fund-raising activities in order to make some improvements to the property and to buy some extra things for the children, such as ice-cream freezers and a washing machine.

At times center directors felt that the meetings were too social. "How can you get anything across at a meeting when all the children are running around and the place is noisy with everyone having a good time?" In many instances, children came with the parents and child care was provided. Sometimes, staff felt that perhaps the meetings would be more productive if children were not present, but parents seemed to prefer to bring them and did so even when they had someone at home who could have cared for them.

If the value of parent involvement is measured by how much parents get out of having a good time or doing what they choose for the center--even if it is not a priority for the staff--then mass confusion, happy socials, and parent-run groups may indicate a high level of success. One director describes preparations for the family Christmas party, noting the high interest when parents take a major role:

> "All over the neighborhood people were getting ready for the center's family Christmas party. 'What a difference from the Christmas party two years ago when the party was planned, implemented and perhaps enjoyed entirely by the center staff!'"

The social activities helped parents get acquainted before they were expected to elect officers for a formal parent group or to serve on advisory committees. Not all parents attended meetings regularly; some were extremely active and others did not come at all. In discussing parent meetings with the parent consultants, there was disagreement among them about the importance of parent meetings. Some felt strongly that if a parent had any real interest in his child, he must show this by attending meetings. "If you are not interested enough to come to a parent meeting once a month when you send your child every day of the week, you are not even interested in your child." There was just as vehement feeling in rebuttal. "If I am too tired to come to the center after working all day, getting home on the bus, picking up my child, cooking and cleaning when I get home, that is not to say I am not interested in my child. The center is not helping me as a person by expecting me to come back then. They only make me feel guilty if I don't." Both views are valid and deserve the respect of day care staff.

There was agreement that to promote participation, child care should be provided during the meeting, with activities for the children in a separate area, or a program planned that would be enjoyable for both parents and children. Sometimes centers provided transportation for parents. Most centers sent out notices and some even telephoned the parents. The parent committee took this responsibility in some cases, as well as assuming responsibility for providing name tags, greeting people, and serving the refreshments.

Brief descriptions of parent organizations in the various states are included as Exhibit IV-1.

SECTION 2: PARENT COMMITMENT

Parent involvement is a two-way street. It depends upon the staff extending a broad variety of opportunities for parents to be involved. It also depends on parents' commitment to holding up their end of the responsibility. It is not easy for families, especially single parent families, to hold a job, keep a home going, care for children, and spend a great deal of time participating in day care activities. The extent to which parents can participate will vary depending on interest, physical strength and availability of an extended family. Thus there is no norm as to what acceptable participation is. Within these constraints on parent participation, parents in the SDCP were oriented to the Project's overall emphasis on parent involvement at the time of enrollment. Parent groups and volunteer activities were explained. Parent responsibility for health examinations and transportation arrangements were also outlined. Evaluation of commitment is based on the extent to which parents followed through on arrangements they had previously agreed to. Did their children attend regularly? Did they bring and pick up the child, or have him ready for the bus on time? Were medical exams obtained as agreed on, and did parents come to conferences, or to parent meetings?

Participation in Parent Organization and Advisory Board

Parent Organization

> "Parents participate in making policy on admissions, fees, hours of operation, and programs to be offered by day care for children and parents.
>
> Parents who desire to participate in workshops or training programs on nutrition, health care, child care, homemaking, etc., are assisted to do so by day care staff."

The formation and activities of the parent groups varied considerably (see previous discussion of parent groups). Overall, 40 percent of the families in the SDCP never went to a parent meeting, while the other 60 percent went to at least one meeting. State by state, families that never attended varied from a low of eight percent in Alabama to a high of 65 percent in South Carolina. Alabama and Georgia seem to have the strongest parent groups and have the highest percentage of parents that attended eight or more meetings--50 percent and 47 percent respectively.

Observations suggest that Florida and Tennessee had very active and regular parent meetings. Yet the data for these states show that consistent attendance (attendance at eight meetings or more) involved a small percentage of the total number of families--15 percent in Florida and 13 percent in Tennessee. (See Table IV-1.)

Advisory Board

> "Parents make up at least one half of the advisory committee membership."

The goal of strengthening parents' roles as members of the communities and as partners in the day care program was to be met in a number of ways. Membership on advisory boards was one important way; the SDCP hoped at least one half would be parents. Percentages of parents serving are affected by the fact that the committees were set up in different ways in different states. Given the limited number of slots on advisory boards, not too many parents may be expected to serve in this manner. The figures for the individual states vary, with Georgia having the highest percentage (23 percent).

Advisory committees are discussed in more detail in Section 3, Part IV.

Volunteer Activity

> "Parent follows through on the agreed-upon volunteer assignment when given opportunity (provided parent is not working and has time). Volunteer assignments should cover a wide range of activities from sending cookies to the day care center to spending time in the center to assist teachers."

Several states actively encouraged parents to volunteer and made a special effort to provide appropriate opportunities. Alabama had a very high percentage of both working and non-working parents who volunteered (38 percent and 42 percent respectively). (See Table IV-2.) Florida and Georgia also had high percentages of volunteer activity with 45 percent of the working parents in Florida and 58 percent of the working parents in Georgia participating. It should be noted that volunteer participation rates for non-working mothers are a proportion of a very small group, and that in all cases, particularly in North Carolina and South Carolina, there is no information on participation for a significant number of families. Because of the lack of information, Tennessee's outcomes in particular do not reflect their active volunteer program.

In one case what began as a volunteer effort on the part of a parent led to a career in day care:

> When they asked for volunteers to help at the center, Mrs. Hughes said she could help in the kitchen where she said she would feel more at ease. As she became more involved in the program and started working with other areas, she discovered that she really enjoyed working with children. Feeling that she would like to make her volunteer work into a full-time career, she enrolled in classes in child development. She eventually became an assistant teacher in another day care program.

TABLE IV-1

ATTENDANCE AT PARENT MEETINGS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
1 meeting	0	8	4	13	17	19	13	12
2-4 meetings	25	18	20	27	21	15	29	22
5-7 meetings	17	21	18	11	3	0	13	11
8 + meetings	50	15	47	18	0	0	13	15
Never	8	38	11	31	59	65	33	40

TABLE IV-2

PARENT PARTICIPATION AS A VOLUNTEER

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Working mother has volunteered	38	45	58	27	3	3	23	25
Working mother has not volunteered	4	19	0	0	4	0	6	8
Non-working mother has volunteered	42	12	13	4	0	1	7	8
Non-working mother has not volunteered	0	3	2	0	1	0	1	1
No record	16	21	27	69	92	96	63	58

Parent-Staff Conferences

> "Parent follows through on conferences arranged by day care center to discuss child and day care program; the center plans the conferences to be held at time convenient for parents."

Parent conferences take various forms. Sometimes they consist of a formal appointment with the teacher to discuss the child, and other times they are extended conversation with staff on occasions such as when the child is picked up, by telephone, or informally at a parent meeting. It may be that the idea of a formal conference similar to parent-teacher conferences in public schools is not practical in day care.

Information was collected on whether conferences were scheduled, whether the conference was actually held, and if not, the reasons. The information available is sparse. The data show that in some states there was an attempt to schedule conferences (Alabama, Florida and North Carolina) and that a high percentage of these conferences were held as scheduled. In other states, more conferences were held than were specifically scheduled (Georgia, Mississippi and South Carolina), indicating a more informal type of conference. These trends are apparent for both first and second conferences. While the information is limited, the overall impression backed by the SDCP evaluation staff's first hand knowledge is that at least one conference was held with most parents, and in many cases more were held.

It was stressed at the beginning of the Project that home visits were desirable and that hopefully they would be prearranged for a time convenient to a working parent. Although the social worker's records are not complete on this subject, where information was provided, home visits were made during center hours more often than later in the day.

The large proportion of families where there is no record of home visits is difficult to interpret. It may mean that home visits were not made or that they were made but not recorded. The lack of information on home visits in the social workers' records does raise a question as to whether they place the same emphasis on home visits as the Project planners did. The emphasis on this in the initial planning may reflect Head Start philosophy; in Head Start, less emphasis was put on serving children of working mothers and they served more non-working mothers.

TABLE IV-3

TIME FOR HOME VISIT

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
During center hours	42	38	0	2	21	4	13	16
After center hours	25	27	0	2	6	7	7	10
Not Indicated	33	34	100	96	72	89	80	73

Parent Commitment to Transportation Agreement

The SDCP philosophy contained the objective that,

> "Parent makes an effort to bring the child to or pick him up from the day care center at a time predetermined jointly and as feasible in each individual case."

The Project had hoped that meeting this objective would insure that children were not left after the centers closed and that parents would have contact with staff as they brought and picked up their children.

Transportation was difficult during the three-year period. Many parents could not bring their children and made other arrangements for them. Some centers were faced with problems and became involved in providing transportation. Thus, commitment was interpreted as follow-through on the arrangements agreed upon, whatever they were. For example, for a child riding the center bus, commitment meant the parent had the child ready when the bus arrived.

Parents generally followed through on their transportation agreements. The highest percentage of families in any state which did not follow through was 10 percent. Too, when the center does not provide the transportation, the parent rather than someone else often picks up the child. (See Table IV-4.) For all the states, 29 percent of the families always picked up their child, and only 12 percent of the families seldom picked up their child. (See Table IV-5.)

Parent Responsibility for Health Examination

> "Parent follows through on appointments with doctors and dentists or other medical services that might have been determined to be the parent's responsibility in completing the child's health program."

Obtaining a medical exam and immunizations is an important part of enrolling a child in day care and is usually a licensing requirement. In most of the states, the parents are encouraged to obtain the health exam and shots on their own or with the assistance of the day care staff. In fact, in Georgia the parents are encouraged to obtain physicals for the entire family, since a neighborhood clinic provides this service free. Most centers provide transportation if necessary; in some cases when the parent cannot get off work, the social worker takes the child to the doctor. For some tests, screenings are set up at the center and the public health nurse, dentist, or doctor comes to the center to test the children en masse. (See also Section 5, Part I, and Section 7, Part II.)

TABLE IV-4

PARENT FOLLOWS TRANSPORTATION ARRANGEMENTS

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Parent has followed*	96	89	29	50	86	35	63	63
Parent has not followed or is late	0	10	2	5	3	2	7	5
No Record	4	1	69	45	11	63	30	32

*Either by providing transportation or by having child ready for transportation provided by center.

TABLE IV-5

FREQUENCY OF PARENT ACCOMPANYING CHILD

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Center picks up child	63	1	0	25	49	1	0	15
Parent always picks up	33	48	20	11	24	15	41	29
Parent sometimes picks up	0	25	0	2	11	10	7	10
Parent seldom picks up	0	25	9	11	6	6	17	12
No record	4	1	71	51	10	68	36	34

Because most of the states encouraged the parent to take the responsibility for the child's health program, 73 percent of all families were completely responsible for the initial health exam, with the remainder of the families sharing this responsibility with the center. (See Table IV-6.)

Did parents follow through with appointment or did they need prodding? The data show that 71 percent of the total number of families completed the portions they were responsible for promptly, seven percent needed prodding, and six percent never completed the portion of the health exam for which they were responsible. (See Table IV-7.) For 16 percent of the families, there is no record one way or the other. In Georgia and Mississippi, the "no record" categories are large--46 percent and 47 percent respectively. The children in these states did receive exams and immunizations, but whether the parents or staff took the children is undetermined for nearly half of the children. Given the problems involved in obtaining health services, it may not be realistic to expect low-income working mothers to take the child for all of the needed routine immunizations, but it is important for them to follow up on portions of the responsibility agreed upon.

Parent Commitment to Regular Attendance

Regular attendance was seen as a value to which parents should commit themselves. If the child is to benefit from a developmental program, fairly regular attendance increases the likelihood of meeting objectives for children. The emphasis on generally regular attendance should not result, however, in children missing doing something special with a parent on a day off or when a grandmother comes to visit. In the case of working mothers, regular attendance is usually not a problem. However, with parents in training where classes are often suspended, or where day care is a part of a plan to assist families who have special stresses or problems, attendance regularity may be a greater problem. This may be a form of resistance to a plan which is not entirely of the parent's choosing or result because the effort of getting the child ready and to the program is greater than the benefits seen by the family. The summer months when the older children are at home tend to bring about less regular attendance.

Information on attendance was gained by examining attendance records and looking at reasons for absences. The parent was given the benefit of the doubt when there was little information available. It was assumed that if attendance was a major problem, there would be a record of this in the social history.

Overall the commitment to attendance was good (72 percent) although for 15 percent of the families the commitment was poor and for 13 percent there was no evidence. (See Table IV-8.) Alabama had the highest percentage of good commitment (88 percent) and Tennessee had the highest percentage of poor commitment (26 percent).

TABLE IV-6

FAMILY'S RESPONSIBILITY FOR COMPLETION OF HEALTH EXAM

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Family is completely responsible	96	30	16	82	90	90	96	73
Center and family share responsibility	4	70	84	11	9	9	1	26
No record	0	0	0	7	1	1	3	2

TABLE IV-7

PARENT FOLLOW-THROUGH ON HEALTH EXAM

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Portion completed promptly	88	86	44	40	89	60	80	71
Portion completed with prodding	4	7	2	7	6	7	10	7
Portion never completed	9	7	7	7	3	15	2	6
No record or not applicable (Center responsible)	8	0	46	47	3	18	9	16

TABLE IV-8

PARENTS' COMMITMENT TO CHILD'S ATTENDANCE

(Percent of Families)

	Ala.	Fla.	Ga.	Miss.	N.C.	S.C.	Tenn.	Total
Good	88	81	78	60	83	62	65	72
Poor	4	18	16	4	11	10	26	15
No Evidence	8	1	7	36	6	28	10	13

Also commitment in Mississippi and South Carolina is harder to determine as the percentage of no evidence is high, 36 percent and 28 percent respectively.

The data of this Project indicate that from four to twenty percent of the parents may need to be encouraged by day care staff to bring their child every day if day care is to be developmental rather than custodial.

Summary of Parent Commitment Measures

Although there are no clear-cut answers, the previous evaluation of parent involvement suggests the following:

Parent meetings--One third of the parents will come to one or two meetings, but only 10 to 15 percent will form the core of the parent group and attend regularly.

Advisory board--It is entirely feasible to develop advisory boards with participation by parents. The role of the advisory boards needs to be clearly delineated to all the members.

Volunteer participation--Whether a parent volunteers depends more on whether staff facilitates and encourages it. When given the opportunity, most parents do follow through on volunteer commitments.

Parent-Staff conferences--Most parents follow through on conferences when scheduled. Frequently conferences are informal.

Health, Transportation and Attendance--Most parents can be expected to take the responsibility to obtain health exams, follow transportation arrangements, and get the child to the center every day. Only 5 to 15 percent of the parents fall short of these expectations.

In general, there is evidence that centers which encourage parent involvement do in fact get it. If trusting relationships are built, if the parent is made to feel welcome, and opportunities are designed for the parent to be involved, parent commitment to day care is strong.

SECTION 3: ADVISORY BOARDS

Parent involvement is an important dimension of day care's interaction with the community. Participation on advisory boards is one specific bridge between parents and the larger community. An advisory committee made up of at least one-third parents is required for programs using Title IV-A funds. The SDCP set 50 percent representation as an objective of the project. As was discussed earlier, the Southeastern Day Care Project did use ad hoc advisory groups in developing the overall philosophy and objectives for the program. Therefore, individual state programs did not move too rapidly into developing their local advisory committees. Staff time was committed in the beginning to preparing space, ordering equipment, recruiting staff, enrolling children, and generally getting programs off the ground. In terms of parent participation, parents need to begin to get to know each other and begin to function as a group before they can make effective choices of parents to represent the group on an advisory committee.

The SDCP had hoped advisory boards would participate in making policy on admission fees, hours of operation, program offered, etc. In reality, much policy is already set by the regulations attached to the IV-A funds and by policies already established by the operating agencies. It is important that members of the advisory committee understand this clearly and are not led to believe that they have powers which they do not. Within the framework of the program, though, there are many things that can be changed and modified. For example, in one center the advisory board developed guidelines for researchers wishing to test the children in day care. In another center, the advisory board set a policy about fee waivers. Regulations and policies can be changed, too, but a different process is required. Changing regulations usually involves working to bring about legislative changes.

In addition to parents, the advisory committee should include key people in the community who bring expertise to the program and also serve as its advocates in the community. Several criteria are used to select community representatives. People are chosen who can serve, or whose agency can serve, as a resource to the program for support services. Citizens are also chosen because they represent professions or areas of expertise. Members are often representatives of key agencies such as welfare or health departments and housing authorities. Local educational institutions provide valuable people. Representatives of the public schools to which children will go are often a good choice. In the SDCP programs this did not seem to work out because of turmoil in the public schools brought about by the fact that the schools were under court orders to increase busing to bring about integration. This did away with the concept of a neighborhood school. School representatives were in the awkward position of defending these policies.

In the beginning, the community people were often suggested by staff but it was hoped that eventually the parents would not just approve the recommendations but would take an active part in selecting people.

In order that they be familiar with the day care programs, members of the advisory committee were encouraged to visit the center during its hours of operation and to eat lunch with the children. There was considerable variation in the frequency with which advisory committees met and in the way in which they functioned. In some instances, people with specific skills seldom attended meetings but were available to consult with the staff about children with special needs. Such people often made resources available that might otherwise have been unavailable. For example, in one center a board member on the faculty of a local university arranged for the psychiatry department to counsel with the family of some school-age children who were having difficulties.

If a program is housed in a community building such as a church or a housing project, it is well to have a representative from that agency on the advisory committee, so that this person becomes liaison. Having a day care program on the premises does create problems, and there needs to be close communication and a real understanding of the program.

In an advisory committee that is made up of both parents and professionals, individuals chosen have to be committed to parent involvement and willing to give parents the opportunity to grow in the experience, and eventually to assume leadership. It may take considerable time for parents to really function effectively on a committee of this sort. When it does work, it can provide a real opportunity for representatives of different cultures, races and socio-economic levels to work together to understand each other.

In summary, as the Project ended, the SDCP boards were still coming to grips with their final roles. The degree of belief in and commitment to advisory groups on the part of staff and of those chosen for membership varies considerably and makes a great deal of difference. Advisory committees with strong staff backing and active members are an asset to a day care program. The advisory committees have been effective interpreters of day care to the general community and are among its best advocates.

Brief descriptions of advisory boards in the various states are included as Exhibit IV-2.

EXHIBIT IV-1

PARENT ORGANIZATIONS BY STATES

ALABAMA: The Model Day Care Center opened in December, 1970, and held its first parent open house the same month. Socials such as an Easter egg hunt, Christmas party, and ice cream freezes have been successful. One parent is serving on the local 4-C's committee. By 1972, the parent group was run by the parents through their own executive committee. The parents decided when to meet and planned the programs. They helped in selecting the advisory board of the center. Social functions continued to predominate and were well attended.

FLORIDA: The parent group was organized in July, 1971, seven months after the center opened. The programs were both social and informative. They were planned by the executive committee with the staff giving assistance in program planning and in getting speakers. Attendance averaged around 50 percent. During the monthly meetings, the parents were informed of the center's daily activities, and they offered suggestions for field trips, etc. Other activities of the center were reported: Senator Muskie's visit, training sessions, visits from government agencies. The various components of the program were regularly reviewed for the benefit of the new parents. From the beginning, the parents ran the meetings, elected officers, formed program and hospitality committees, planned meetings, and chose delegates to attend meetings and to serve on the 4-C's committee. Policies for such things as whether fees would have to be in cash and selection of advisory board members from the community were discussed and voted on. The parents were sent a list of topics, speakers, and participation ideas and were asked to check the ones they would like. Workshops were arranged by the social worker on "Managing Your Money" and legal aid. Programs chosen by parents included decorating cookies, buffet dinners, flower arranging, making homemade ice cream, and a guest speaker from "Parents Without Partners." A ceramics class was a project that lasted several months. The parents sold cakes to raise money to finance this project. The latest project was organizing a sewing course. The agenda for most meetings is a business session, a program, and refreshments.

GEORGIA: The Kittredge-Donner Center opened in June, 1971, and had its first parent meeting that September. The group met monthly and had nearly perfect attendance. The social worker and director helped the executive committee plan the meetings which varied from social functions to parent workshops and discussions on the center's educational program. In the first few meetings the center's program and policies were explained; the various roles of the staff were described.

A Thanksgiving potluck family dinner, Christmas party, and cookout are examples of their social functions. Announcements regularly made concerned available job training, free medical services provided by a local clinic, and voter

registration. A representative from Georgia Consumer Services presented a two-part workshop on "Money Management" which covered the areas of credit, financing and legal contracts. A session was held in which the Urban League counseled families interested in buying a home. At one meeting, a public health nurse took blood tests for sickle cell anemia screenings. In another session, an accountant was brought in to help parents with income tax forms.

> The accountant discovered two different couples who had not filed income tax for several years but could have received a refund. She promptly helped them fill out the forms for the previous missed years, along with assisting the other couples, thus saving everyone from having to pay someone to do it for them.

A portion of each meeting was spent illustrating a concept taught in the center and demonstrating how parents could help in the education of their child in the home. Books were often recommended.

Other topics brought up by the parents were desirability of religious emphasis in Thanksgiving, what sort of Christmas party to hold, and what constitutes good day care. Parents volunteered to help in the center, demonstrating Christmas wrapping, teaching crafts, making toothbrush bags, and coordinating arrangements to go to the clinic. Meetings included time for refreshments and parents talking with teachers.

When it was learned that funding would no longer be available to the parent corporation to operate the center, the parents lost no time in saving their center. After several emergency parent meetings, six appearances (en masse--children, parents, staff) before the City Council and the County Board of Commissioners, numerous phone calls, letters and personal visits, the money was appropriated--half from the city and half from the county. The funds were obtained only three days before the center would have closed.

Painting the center and rebuilding the playground have been the first projects since the parent "take over."

NORTH CAROLINA: The Winchester Day Care Center began operation in December, 1971. The first parent meeting, a get-to-know-you social, was nearly a year later in November, 1972. An early meeting involved a number of parents who were helping build the playground. Near the end of the Project, several meetings were held with parents to discuss the need for and to make plans to encourage more active parent involvement.

MISSISSIPPI: The first parent meeting was held in November, 1970, one month after the center opened, but it took almost a year before the group got into full swing. Goals and policies of the center were explained, and parents had a chance to meet with teachers. While several socials a year were planned by the staff (Christmas party, picnic supper), the regular monthly meetings were usually held in a parent's home and were well attended. Staff came to these

meetings when invited. Projects the parents initiated included buying a storm door and an ice cream freezer for the center, tiling the bathroom, and collecting dues in order to buy clothes for needy children. Most recently, they explored the possibilities of buying a minibus. The group held several money-raising functions (candy sales, car wash, and chicken dinner) to support their projects.

SOUTH CAROLINA: Hendley Homes Day Care Center came under SDCP auspices July, 1970. The first open house was held the following February, and the first parent meeting was in May, 1971. Attendance has been rather poor, with less than half of the parents coming to the meetings. The meetings, mostly socials and open houses (Easter party, circus recall, etc.), were held about every other month. Staff organized the meetings although there was input from the parents on their interests. Staff indicated the lack of consistent attendance at parent meeti.. ..as in line with transitional life styles of public housing occupants, including a number of students living there. The parents at Camp Fornance Day Care Center were an active and cohesive group.

TENNESSEE: In September, 1970, the Donner-Belmont Center opened its doors. Two months later the first parent get-together, a social, was held. Regular meetings held about every six weeks were initially run by the staff. Attendance varied but more than half of the parents came. A planning committee set up the programs. The group has had activities and business meetings, as well as educational programs with speakers and discussions. During the business meetings, center policies such as when the center would be closed for holidays and the terms and coverage of the insurance were reviewed and explained in detail. As the group got to know each other better, they elected officers, advisory board members, and delegates to out-of-town meetings. The parent group has been involved in writing Congressmen and signing petitions concerning pending child care legislation.

Speakers came occasionally to discuss such topics as: "What Families Want From Child Care," "Parent to Child about Sex," and "Day Care Is..." The playground was the biggest project, but special groups such as a sewing class have also been successful. Several projects included the children--collecting bottles to raise money to rent a film, and presenting a Fair in which parents could buy things the children had made. The project of constructing playground equipment and moving and rebuilding the existing playground was not only a real contribution to the center but an effective welding activity of the parent group.

Christmas parties, picnics and open houses were part of the social calendar. The church youth director engineered a "Fun Night" for the whole family. Meetings regularly opened with a duet sung by the parents or staff and with slide shows of the children. These served as icebreakers and as a good way to communicate to the parents what their children were doing.

EXHIBIT IV-2

ADVISORY BOARDS BY STATES

ALABAMA: The advisory board consists of three parents and three representatives from the community, all elected by the parent group with assistance by the staff. Their first meeting was in June, 1972, two and one-half years after the center opened. It is a rather informal group, meeting every few months, concerned mainly with getting support to keep the center operating after the Donner Project ends.

FLORIDA: One half of the advisory board membership is representatives from the major community agencies. The other half of the board is made up of parents elected by the parent group. Initially, the entire parent group served as the advisory board. Since this composition did not meet the requirements for advisory boards, the center director chose the community representatives and the parents elected an equal number of representatives from their group. The first meeting was held in October, 1972, slightly less than two years after the center began operation. The first meeting was an orientation one; members volunteered their resources.

GEORGIA: The advisory board had its first meeting about a year after the center opened. The board consists of six parents and six community representatives from the Housing Authority; state departments of Health, Welfare, and Licensing; a local pastor; and a school principal. The board's main concern is with the future of the center, and individuals were used as contact and resource persons. When local funds were obtained and matched with state Title IV-A funds, the parents formed a nonprofit corporation. An executive board of parents was elected and charged with the responsibility of seeing that the center meets the contract with the state. An advisory council made up of seven parents and six community agency representatives is to be elected and will be concerned with the center's programs, staff, and parent involvement. The new community representatives have not be chosen yet.

NORTH CAROLINA: To date, an advisory board has not been formed although there have been several meetings to discuss the formation of such a body. Selection of members for the policy advisory council has been postponed until the problem of the lack of parent involvement has been dealt with.

SOUTH CAROLINA: The advisory committee held an organizational meeting in November, 1972, two and one-half years after the center opened. Several parents were elected by the parent group to serve on the board. Other community representatives are from the Housing Authority, County Social Services, and the Health Department.

MISSISSIPPI: Two parents were elected by the parent group to serve on the advisory board with the community representatives. Their first meeting was in November, 1972, two years after the center began operation. The have been

concerned with making some policy decisions on priority of service.

TENNESSEE: The advisory group, consisting of eight parents and an equal number of community representatives, was organized a year after the center opened. Their initial efforts concerned keeping the center operating after the three-year funding period. Once that problem was solved, they reassessed their roles. They are now concerning themselves with problems of the center such as the need for crosswalks and possibly a patrol mother--and the need for another bus. There are discussions about the program, about the possibility of offering piano lessons, about making more use of media in the classrooms, and about academic tutoring. Questions such as "Who should the center serve?" are taken up. The advisory group is considering future projects such as fixing up a parent-staff room and producing a newspaper or bulletin of center news. The group has consistently been involved in legislative issues concerning child care and conducted workshops on the changes in federal guidelines for Title IV-A programs.

PART V

OBJECTIVES FOR COMMUNITIES

SECTION 1: COMMUNITY UNDERSTANDING OF DAY CARE

"To promote community understanding of quality day care."

A highly visible and community-involved quality day care program in each state would be a model to the community and state, and set a standard for day care in the area. In Kentucky the entire project focused on this objective, in an effort to improve and increase the quality of day care throughout the state.

All the SDCP centers were successful in meeting this objective. In each state, there has been a deliberate effort by the director and staff to reach and tap community groups and to interpret their centers to the community as widely as possible. Many needed services were provided by other agencies or individuals. (See Exhibit V-1 for a listing of these activities and resources.) To mention examples of how one or another center promoted community involvement does not describe the real process of how such involvement is woven among various sectors of the community. Instead of narrating in detail how each state promoted community understanding of day care, the experience of two centers is presented, one of which was particularly successful in creating a strong positive image in the public's eye of good day care, and the other in mobilizing a variety of available community resources. Both of these centers are located in metropolitan areas of over 500,000 population, where it is easier to locate resources of various types than in smaller towns or rural areas.

Donner-Belmont serves Tennessee as "the" observation site for people interested in good day care. Hardly a week goes by without observation visits from delegations of staff or administrators from public school systems, Head Start, and Model Cities programs, new or existing day care centers in surrounding counties, and even in nearby states. A wide variety of agencies uses Donner-Belmont for observation and advice. They include both public and private social service agencies, licensing workers, and nationally renowned specialists in early childhood programs. Such observations were carefully pre-scheduled not to interfere with the children's needs.

The staff of Donner-Belmont is vitally involved in representing the program and day care before the community. Many appearances are made before community groups to describe day care. This includes the board and circle of the sponsoring church, other church groups, civic clubs, schools and colleges. Staff takes leadership roles in the Tennessee Association for Children Under Six, Nashville Association for Children Under Six, National Association for the Education of Young Children, and other organizations dealing with day care,

and presents workshops at meetings and schools about facets of day care. Both parents and staff give impetus to community-wide organizations to promote legislation beneficial to children and their parents.

The program's visibility is enhanced by a steady stream of publicity in the local press. The summer camp program, the Governor's visit to the center, children helping prepare the Thanksgiving turkey, and the center's dietitian and her favorite recipes were some of the features publicized by the local press.

Donner-Belmont exemplifies the idea of how educational institutions and a demonstration day care program can satisfy mutual needs. From the center's standpoint, the educational institutions provide specialized skills such as psychological and psychiatric evaluation of problem children, training for family day care mothers, and academic stimulation of practitioners. From the educational institution's viewpoint, the center offers practicums for students at vocational, undergraduate and graduate levels.

Interaction with educational institutions has included Peabody College (with the Demonstration and Research Center for Early Childhood Education, child development consultant and special education programs), Tennessee State University (preschool and social welfare programs), Vanderbilt University's School of Nursing and Division of Child Psychiatry, the University of Tennessee, East Tennessee State University, David Lipscomb College, and Stamford University, Birmingham, Alabama. The Area-Vocational School in Nashville assigns its students to Donner-Belmont for on-the-job training. This great variety of institutions provides manpower and specialized resources for the center and a great number of students with practicums and internships. The Donner-Belmont program has done exceptional service in involving the community in the center.

Coordination with existing community services enables a day care program to tie into available resources and thereby stretch its own budget to serve a greater number of children. Florida's Pearson Center is an example of successful and imaginative utilization of community resources.

There are practically no funds in the budget to provide for the health care of the children in the Florida demonstration program. However, their health needs are well met. The local public health department "donates" regularly scheduled visits by a nurse. Mrs. Jones faithfully keeps up the required physical examinations, immunizations, treatment appointments, and special health needs of each child. Initially, in order to make it simple for low-income parents to obtain entrance physicals for their children, young resident doctors were employed and paid by the center to examine the children periodically. These doctors served at minimal rates. Later the city public health department provided physical examinations as well as dental care for all children who needed it. The Florida Society for Prevention of Blindness does vision screening, and a local speech and hearing clinic provides auditory screening. The Cathedral Speech Therapy group volunteers its services for those children who need special help.

The University Hospital Clinic gives treatment when needed. Parents are requested to accompany their children, along with the center staff, on the day when the clinic meets. The local child guidance clinic provides help for children who have psychological problems.

In other program areas, Pearson Center utilizes different resources. State and federal nutrition programs are tapped to aid the center's menu planning. The commodity food program regularly provides not only staples, but meat and vegetables. USDA reimbursements are also available. When the center was initially equipped, the General Services Administration was approached, and permission granted to purchase many items there at reduced prices. Local industry gave barrels, tractor tires, and wire reels to equip the playground. The vocational school made additional equipment.

Even center staffing is partially through community resources. For three years, the Neighborhood Youth Corps provided several teen-age girls who regularly assisted. Although Pearson Center had the necessary staff ratio without the NYC girls, the NYC girls often made the difference between a tight ratio and a comfortable one. The American Association for Retired Persons was contacted for janitorial services. Initially, the AARP paid the janitor. He was later brought directly on the center's own payroll. Senior citizens were recruited through AARP to serve as "grandmother helpers."

The director of Pearson Center not only coordinates and uses resources of recognized community services, but she ingeniously "creates" other resources. For example, when a dance teacher was needed to help with the schoolage day care program, she posted notices for a volunteer at all the local high schools and junior colleges, and drafted a regular volunteer.

The Bookmobile made stops to teach the children how to check out books. The library sent a puppet show. The local symphony orchestra and high school bands sent players to the center to acquaint the children with musical instruments. Tickets to the Globe Trotters were obtained for the children. The city recreation department was tapped for use of the gym and swimming pool for the school-age program.

Resources were also mobilized for parents. Services made known to parents included Legal Aid, the Urban League, the local OIC Training Program, Planned Parenthood, Home Extension Services, Florida State Consumer Services, the American Cancer Society, and the Food Stamp Program. In many of these, center staff explained and passed on the information published by these offices to each parent.

Utilization of resources depends on the variety of such services available in a community and also on the aggressiveness of a director in unearthing and mobilizing services for the day care program. Ingenuity, patience and perseverance by the director all play important roles in attracting the variety of services to Pearson Center.

The strong efforts by all the SDCP programs to be involved in their communities contributed greatly to the "demonstration" value of these model programs.

SECTION 2: KENTUCKY MOBILE DAY CARE PROJECT

Community understanding of day care greatly affects the fundamental decisions about public provision or subsidy of day care. The Kentucky project, at the beginning of the SDCP, concluded that day care was an "unknown" in many rural areas of the state. Thus, rather than provide demonstration service in one restricted location, the project developed more widely applicable goals.

The objectives of Kentucky's project centered on three points:

1. To promote more day care services in the communities of Kentucky
2. To improve the quality of day care presently available in the state
3. To train social workers to aid them in making the best possible child care placements for the children of their clients.

Two means of achieving these were developed:

1. A promotion of public information in communities, where the project presented programs and exhibited its mobile day care van
2. An expanded day care licensing and consultation staff located in the districts to stimulate day care programs in their areas, to assist individuals to meet licensing requirements, and to upgrade existing programs through training and consultation.

Description of Promotion Program

The project pursued the objective of providing public information on need for quality day care by presenting programs in communities throughout the state. These programs took two forms. During the first two years of the SDCP, meetings were organized by the project with the help of contacts in each community. A project promotion specialist visited each community, identified and contacted leaders, and set up meetings for the express purpose of presenting the project's objectives during a one-to-three day visit in the town. Trainers presented training sessions in conjunction with the "town meetings." During the last year of the SDCP, this approach was modified and instead of setting up its own meetings, the project obtained invitations to appear at scheduled meetings of a variety of community organizations, spending a period of several weeks.

Of the two approaches, the latter proved more practical. Attendance at "town meetings" organized expressly for the project often was very sparse. The project found it could reach many more people with its message by attending ongoing meetings of established groups over a longer period in the town. These groups covered the entire fabric of community life: public officials, civic clubs, church groups, women's groups, business groups, etc.

In addition, the project organized meetings for parents, social workers, and day care operators. Contacts with parents were made either through AFDC lists or through day care operators. Social workers were contacted through the local Child Welfare and Economic Security offices. The day care operators' meetings were organized through the local licensing staff. Initially the meetings with operators centered on general discussions about child development and day care. Later they were focused on program aspects of day care, such as use of building blocks or utilization of materials for crafts and activities. Attendance at these workshop meetings for operators was better than attendance when subject matter was less defined.

During the project, a van fitted as a day care setting was used to illustrate the kinds of materials and experiences a day care center would have available for children. The project felt the various aspects of day care would be better shown by exhibiting equipment and materials than by only discussing or lecturing about it. Materials on the van were valuable teaching aids for the workshops for day care operators. The mobile unit was parked in various locations, sometimes in shopping centers, near educational institutions or at the site of the "town meeting."

Quantitative Outcomes

Over the three-year period, the project visited 69 communities in 51 counties. Some communities were visited twice. In each area radio spots and news releases were provided by the project. Many local newspapers gave the project excellent coverage, both before and after the visit. In some towns the staff was interviewed on radio about the project's objectives and about day care generally.

Advance work by the promotion specialist and local day care representative, yielded individual contacts personally, by letter or telephone, with approximately 2,000 individuals. Many received follow-up letters with appreciation of their interest in the project. Additionally, form letters were sent out to parents and day care operators in some communities.

Attendance at meetings where the project appeared and spoke is reported for (1) general audience (officials, clubs, "town meetings"), (2) parents, (3) operators, and (4) social workers. Quite frequently these groups overlapped. A comprehensive list of communities visited is included as Exhibit V-2.

General audience at meetings set up by the project	411
General audience at ongoing meetings project attended	2,400
Parents	280
Operators	276

Social workers	407
High school and college students	1,250
Visitors to van	2,000

Qualitative Outcomes

Evaluating the effect of the project's promotional efforts and message is very difficult. Evaluation of the promotional efforts took two forms. First, evaluation staff observed several presentations and noted the earnestness and sincerity of the project staff in explaining the importance of quality day care. Second, evaluation staff visited three communities at least five months after the project's concentrated efforts had occurred. Interviews were held with a wide variety of people who had been exposed to the project's message at the various meetings attended and through the media. The persons interviewed were asked to give their impressions of project's visit and accomplishments. Persons interviewed represented attendance at both types of meetings; in two communities, visits were of the "town meeting" approach while the third used the approach of attending ongoing meetings of established organizations. Among those exposed to the project's presentations, the operators attending the workshops with specific content in program areas of day care registered the strongest favorable responses about the sessions attended. This indicates that relatively modest objectives of training sessions (e.g., demonstrate the variety of learning situations building blocks offer to preschoolers) are more easily met than wider objectives (e.g., create a favorable atmosphere in the community to promote expanded, quality day care).

Listener's values about day care were often strengthened by the project's efforts. If people were favorably inclined toward day care, they tended to have their feelings reinforced and their determination to work for expanded services stimulated. On the other hand, negative feelings about day care held by others did not seem to be substantially altered.

Overall, the Kentucky project increased community awareness of what day care is all about. The project emphasized center care rather than home-based care. This focus was somewhat surprising. Historically, more parents have used informal family day care placements. Further, the rural character of much of the state might not lend itself to supporting day care centers.

The impact of the Kentucky project was reduced because of a problem common to public information programs: what is said or written by one party is often heard or read differently by another. Much of the presentations on day care was interpreted by listeners as information on licensing requirements, in contrast to a more general understanding of the substantive components of quality day care. Public information about an issue is a slow and difficult process, especially when the issue is one that is close to the daily lives

of the listeners, as care of their children is, rather than something abstract and remote. Where listeners' emotions are involved, their personal values may be expected to color their interpretations more than where the issue is one of purely intellectual interest.

Results of Expanded Licensing-Day Care Representative Staffing

Day care representatives (or consultants) were placed in regions across the state to aid in the establishment of new day care facilities. These day care representatives spent approximately half their time on the day care representative functions and half on licensing. In practice, distinguishing when they worked in one or the other role was very difficult.

The state is administratively divided into twelve regions for day care licensing purposes. Each area maintains a count of licensed centers and family day care homes, and of pending applications. The totals for the twelve regions from March 1971 to June 30, 1973, are as shown below.*

	Licensed Day Care		Pending Applications
	Centers	Homes	
March, 1971	355	14	65
June 30, 1973	464	16	242

This shows an increase of 109 licensed centers, an increase of two licensed homes, and an increase of 177 pending applications.

The evaluation staff cannot know whether to attribute this 31 percent increase in licensed centers to the statewide staffing with licensing-day care representatives, which the project has helped to fund, or to other causes. The time frame during which the project was working in Kentucky coincides with a period when there was generally heightened activity in providing day care across the United States. To assess Kentucky's success, the increase in day care facilities in surrounding states without such promotional projects is compared to that in Kentucky. (The two-year period from March, 1971, to March, 1973, is shown.)

*The regions have been realigned during the three years, but this does not affect the count of the totals.

PERCENT CHANGE IN DAY CARE
March 1971 - March 1973

	Centers	Homes*
Louisiana	58	-.03
Georgia	42	.03
South Carolina	39	.10
Virginia	33	-.40
Iowa	29	.51
Kentucky	26	.7
Alabama	19	.37
Tennessee	16	.13

The average increase in number of licensed day care centers in the nine states used for comparison is 33 percent. This exceeds the 26 percent increase in Kentucky during the same period. The Kentucky increase may be understated since it includes only the increase in licensed day care centers and not increases in pending applications. However, totals offered by other states do not include pending applications either. Evaluation staff has no way of knowing how, if pending applications had been included or known for all comparison states, the Kentucky increase would compare to the average increase for the nine states.

Improving the quality of day care was also an objective of the Kentucky project. It is very difficult to assess diffuse changes in the quality of several hundred day care programs throughout the state. The staff of the Kentucky project is convinced that licensed day care is an indicator of quality of day care, as contrasted to unlicensed day care. If this assumption is correct;** then there is evidence of improvement in the type of service available to children in Kentucky. Hopefully the greater availability of technical assistance to day care operators, through the day care staff now stationed throughout the state, tends to improve day care. The workshops for operators on various areas of curriculum content may enrich what they then offer to the children.

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*Licensing does not apply to family day care until there are four children in a home in Kentucky and five in Tennessee.

**"The fact that a center is licensed does not insure the continued maintenance of the prescribed standards." Mary Dublin Keyserling, Windows on Day Care, National Council of Jewish Women, 1972, p. 115.

Training Social Workers About Day Care

One of the objectives of the Kentucky Mobile Day Care Project was to train social workers throughout the state on the basic principles of child development. The social workers are the individuals having direct contact with the clients and thereby are most directly involved in aiding clients with child care problems. Heavy turnover of social work staff meant that they had little orientation on how to handle child care problems.* Therefore project visits throughout the state were an opportunity to expose social workers from both the Child Welfare and Economic Security Departments to principles of child development and care. Although everyone recognized that one-shot training sessions on child development could not make monumental differences to social workers who had no previous training or experience in this area and that one-shot efforts might seem superficial to some who had a great deal of prior knowledge on the subject, the need to do training of some kind overrode all considerations.

The project held separate training sessions for social workers in many communities, and included them in meetings with other community representatives in other areas. During the three-year period approximately 420 social workers attended meetings sponsored by the project specifically for social workers. In addition other social workers also attended meetings held for parents and community groups. Social workers attending the training sessions planned in their behalf were asked to complete anonymous evaluations of the meetings and to forward these to the SDCP staff. One hundred and eighty-two social workers returned such forms. A summary of replies is included as Exhibit V-3. (For a sample form see Appendix E.)

There was almost unanimous agreement (173 out of 182) by the social workers that these meetings were helpful to them. They were asked to rate four subject areas to which the training sessions were directed. The social workers indicated the meetings were most helpful to them in promoting more opportunities for day care. They gave the next strongest rating to the sessions' help in aiding them to make good day care arrangements for their clients. Their ratings were split on how helpful the sessions were on teaching clients to improve the way they care for their children. The social workers were least positive that the sessions aided them in understanding how a child develops. In fact more than half gave a weak rating in assessing the sessions' effects on this objective. Perhaps what can be discussed in a two-hour session on child development principles does not give enough new material to social workers to catch their interest. The stronger ratings on the objectives of promoting good day care in the community and aiding clients in making good day care arrangements may reflect that more new information was given at the sessions on these subject areas than at those on others.

*Almost one-half of the social workers returning evaluations of training sessions had been employed less than one year.

The social workers were asked to indicate what they considered the most important reason for providing day care to their clients. Their replies indicate that the welfare of the child is their primary consideration. Both their first and second reasons emphasize their primary concern for helping the development of the deprived child. They see day care as a means of enriching the child's life, and meeting developmental needs not met in the home. Provision of day care to enable parents to work comes next in their estimation of why day care should be provided. Other reasons for day care, such as relieving tensions in the home, or giving women more freedom, had lesser priorities.

The SDCP evaluation does not know whether the social workers' priorities on reasons for day care reflect convictions they held prior to attending the sessions or reflect the message they heard at the meetings. Their evaluations were completed within one or two days of attending the sessions, so that the message they heard may well have affected their priorities.

Social workers were also asked whether center or family day care appeared more suitable for their clients. They overwhelmingly indicated center care. Again, whether thei. choice indicates prior convictions or reflects the message heard at the meetings cannot be separated.

The social workers were also asked to give their general comments and reactions to the meetings they attended. The comments ranged all the way from "very informative," "interesting," to "repetitious with material already known to most of the audience."

One subject provoking frequent critical comment was the practical reality of getting a new day care program established. Many social workers commented on the need for more funding and practical ideas about starting day care :

> "The Kentucky project must have more to offer in the area of financing, planning, and counseling if it is to be helpful to any noticeable degree."

Several comments from the social workers point up the thrust of the project toward dispelling myths about day care, and enlightening the public as to what day care really is:

> "I think the meeting cleared up some of the confusion about day care centers to the general public."

Summary

Generally the increase in the number of licensed centers and homes does not indicate that the promotional activity of the project, which was absent in the other states, had much effect in increasing day care services. Perhaps the promotional aspects of the project will have a delayed effect, and the future increase in day care services in Kentucky will outpace that of other states. But that is only conjecture at this time.

The state of the art of assessing the quality of day care is so unsophisticated at this time that it is impossible to determine the project's impact in this area. The greater availability of technical assistance through the expanded day care staff throughout the state may also help operators to improve the content of their programs. Social workers' exposure to the project's training sessions no doubt heightened their awareness of day care as a resource to use in serving their clients. This awareness of the value of day care may be helpful to them when it becomes more available in their communities.

In conclusion, the promotional efforts of the Kentucky project were more successful in enhancing community awareness of day care than in directly increasing the provision of day care services. Had the project initially written its objective to specify increased awareness as the goal, instead of increasing the quantity of day care, the outcomes of the Kentucky project could reflect success on preestablished objectives.

EXHIBIT V-1
ALABAMA

Community Contacts

1. Visitors and Observers at the Center

Junior Welfare Association of Tuscaloosa
Urban League
A & M University group
OEO delegation, Tennessee
Selma, Alabama delegation
Coosa Elmore ARC Project
Fayette County Garment Industry Reps.
N.Y.C. group
Bryce Hospital
Tennessee Economic Development Council
University of Alabama - Huntsville
Forest Lake Baptist Church
Tuscaloosa Opportunities Program
Child Development Dept. - Auburn University
Marks Village Child Development Center - Jefferson County
Comprehensive Child and Family Services Program

2. Educational Institutions Using Center as Training Resource

University of Alabama classes in social work, child nutrition, home economics, human development, infant laboratory, and special education
Tuscaloosa High School classes in family relations
Alabama Vocational High School - Child care teachers
Department of Pensions and Security internships for social work students

3. Resources Used by the Center

University of Alabama Speech and Hearing Center
University of Alabama Special Education Center
Local Health Department
Housing Authority

4. Participation in Various Groups by Center Staff

West Alabama Developmental Council to organize 4-C's
AACUS
High School classes on human development and infant care
University of Alabama classes of various kinds
Consortium on Early Childbearing and Childrearing
Tuscaloosa Association for Retarded

Tuscaloosa Preschool Association
American Home Association
Preschool Institute in Mobile
Social Service Club
Community Council of Tuscaloosa

FLORIDA

Community Contacts

1. Groups that Sent Representatives to Visit Pearson Center

University of North Florida
Florida Junior College
University of Florida in Tampa
University of Florida
Florida Southern College
Florida State University
Pearl Beach Jr. College Child Care Center Committee
Division of Family Services:
  family aids in training
  licensing study committee
  youth counselors
  social service staff
  legislative liaison
Tallahassee Title IV-A day care program
Clewiston Title IV-A day care program
Cutter Child Care Center
Coca Cola Child Development Coordinator
League of Women Voters
United Fund Day Nursery and Kindergarten Association
U.S. Senate Committee Staff - nutrition programs
Better Education Council
Pinellas County Licensing Staff
Citizens for Community Action
Various church-sponsored day care programs including Episcopal Day Care and Riverside Baptist Church Centers
Learning to Learn Child Development Research Program
Jacksonville Urban League
Child Welfare League of America consultants
Florida State Employees Association
Camp Fire Girls
State Division of Mental Retardation
Youth Opportunity Coordinators
South American Delegation
Snyder Memorial Church
Robert E. Lee High School
Blodgett Homes Day Care Center
Waldo Nursery
4-C's Advisory Board

Jacksonville City Administration
Brentwood Day Care Center
Happy Acres Day Care Center
Daytona United Child Care Program
Legislative Delegation on Early Childhood Education
Tiny Tot Day Nursery
Nutrition Workshop for Early Childhood Conference
Association for Childhood Education International
Channel 4
Administrative Task Force of 4-C's
West Palm Beach 4-C's

2. Resources Used by Pearson, and Whose Staff Became Exposed to Pearson Center

Nutritionist assistance at several levels (county coordinator, State Department of Education, City of Jacksonville, and Florida Junior College)
Mental Health Association of Jacksonville
Jacksonville Public Library (bookmobile service and puppet show)
Jacksonville Recreation Department (use of pool and gymnasium)
State Commodity Bureau (recipes)
Jacksonville Smyphony players
Local high school band players
Neighborhood Youth Corps (with several girls participating in the Center each day)
Vocational School (playground equipment)
Local industry (barrels, wooden platforms, tractor tires, and wire reels obtained from local suppliers)
Principals of local schools to obtain afternoon school busing to Center
Police Department (to visit center)
Sheriff's Office
American Association for Retired Persons
Florida State Department of Dentistry
Public Health Department (nurse, physicals, and dental care)
Duval Medical Center (a young doctor is employed by Pearson Center to provide physicals at the Center for disadvantaged children)
Florida Society for Prevention of Blindness
Cathedral Speech Therapy group
Child Guidance Clinic
Urban League
Planned Parenthood Association
Food Stamp Service
OIC Training program
American Cancer Society
Legal Aid Program
University Hospital Clinic for Children
Library, Health Department and industry provide films for staff training
Library donates books; publisher donates encyclopedias
Local Opera Company

Business and factories, including the newspaper and a dairy, provide tours
Naval Base and Marine Science Laboratory provide tours
Crippled Children's Commission
Local Museum
Stores donate items for holiday festivities and for art program
Dance program provided by volunteer instruction and donation of funds for leotards and tights
Vacuum cleaner donated
Land and building donated by industry and city
City provides water and cuts grass for center
City installs playground equipment
Afro-American Group presents drama
Office of Economic Opportunity provides a party
North Florida ACUS
State Conference for Children with Learning Disabilities

GEORGIA

Community Contacts

1. Community Resources

Atlanta Evaluation Center
Atlanta Legal Aid
Atlanta Housing Authority
Urban Renewal Housing Program
Ben Massell Dental Clinic
Grady Psychiatric Unit
St. Vincent DePaul Clinic - physicals for entire family
YMCA - Thanksgiving dinner held here
Tharpe Realty
Georgia Society for Prevention of Blindness - vision screening
Atlanta Speech and Hearing School
Grady Family Planning
Junior League
Nearly New Clothes
C.W. Hill School - after school program
OIC Training Program (Opportunities Industrial Center)
Surplus Food Pickup
Sickle Cell Foundation
Atlanta Board of Education for Speech and Hearing Program
Health Department - dental screening
Georgia Consumer Service Program
Planned Parenthood
Public Health Department - immunizations and dental screenings
Economic Opportunity Atlanta - training
Literacy Action
Highland Avenue Library

Public Health Nurses
Mead-Johnson Pharamaceutical Company (purchase vitamins and toothbrushes wholesale)
North Central Health Center
Vocational Rehabilitation
Georgia Power - poles
Superior Rope and Wire - cable spools
Mayflower Moving Company - wooden crate for playhouse
Atlanta Area Vocational-Technical School -training for parents

2. Visitors and Volunteers

VISTA - volunteer
Atlanta University - students
Junior League - Project Awareness
Emory University - Advanced Psychology and Nursing students
Visitor from Ghana
Dr. Margaret Morgan Lawrence - Black Family Strengths Project
Project Concern - student volunteer group
Dean of Women - Georgia State University
Project Success
DeKalb Headstart
Atlanta Model Cities
Atlanta Public Schools
Mayor Maynard Jackson
Candidates running for mayor, city council president, district councilman
Dalton Day Care Center
Sybil Jones - accountant to help parents with income tax
Cleveland Day Care Development
Georgia State - student teacher
Appalachian Child Care Project
Carrollton Day Care Center
Visitors from Pound Ridge, New York - interested in starting a center
Kentucky Disability Adviser
Model Cities
Smith High School
DeKalb Tech
Two private foundations
Atlanta Regional Commission
Department of Family and Children Services
Park Duvall Center, Louisville, Kentucky
St. Vincent Day Care
Atlanta Area Tech Child Development Program
Georgia Department of Education
Metro Foundation of Atlanta
Kittredge Springs Cente
Head Start
Metro Community Child Development Program

Newsweek magazine
Lockheed
C & S
Beford Pines Family Services
Calhoun County Audiovisual Department

3. Educational Facilities and Other Institutions Using Center for Observation and Training

Douglas High School
Special Education Counselor
DeKalb Tech
Georgia Tech
Carver Vocational High School
State Department of Family and Children Services
Emory University - Dr. Boyd McCandless

4. Educational Contacts with Other Community Groups

Atlanta 4-C's
Inman Park Day Care Center
WAGA-TV
Decatur Street Center
Black Child Development Institute
Atlanta Area Tech
Bedford Pines Urban Renewal
Model Cities

MISSISSIPPI

Community Contacts

1. Community Resources

Health Department
YMCA - swimming for the children
Local school cafeteria - for parents' picnic
Columbus Library
Lowndes County Fairgrounds - free visit by the children
Junior Auxiliary - provided vitamins
USDA Special Foods Assistant - helps with menus
Regional Planning Officials - assistance in applying for future funding
Housing Authority
Public Health Nurse - TB skin test, immunizations
State Sanitation Office

2. Visitors and Volurteers

Local Girl Scout Troop
Mississippi State College for Women
Governor's Wife
State Welfare Board
Wives of Air Force Base Personnel
Birmingham Day Care Center
Dr. Robert Gilbert (MSCW)
WIN
Legislator
Department of Labor
Golden Triangle Nursing Division
First Baptist Church Educational Director

3. Educational Facilities and Other Institutions Using Center for Observation and Training

Golden Triangle Vocational-Technical School
Mississippi State College for Women - social work and nursing students
Columbus Vocational Technical School
Mt. Zion Baptist Church
Turner Chapel
Mashulaville Day Care Committee
Oktibbeha Day Care Center
West Point Day Care Center

4. Contacts with Other Community Groups

MSCW Home Economics Class
Starkeville Day Care Center

NORTH CAROLINA - CUMBERLAND COUNTY

Community Contacts

(These are activities of the project designed to improve the quality of day care offered in the community. Not included in this summary are the financial subsidies to programs, nor the training activity of individual child caregivers described in the text.)

1. Workshops for Staff of Centers in the Community

		No. Attending
Language Arts	March, 1972	71
Parent Involvement	March, 1972	50
Use of Audiovisual Equipment	March, 1972	15

Children's Activities	April, 1972	275
Self Image	May, 1972	60
How to Use Playgrounds	July, 1972	30
Playground Development	July, 1973	60

From the Playground Development Workshop in Cumberland County, and a similar workshop on this subject in Union County, a film was produced by the Project that demonstrates community involvement in developing playgrounds for day care, and use of readily available materials.

2. Resource Room

The Project developed a central source for materials to be borrowed by centers and eventually by family day care homes. Kits were also developed for use in the family day care homes.

3. Fayetteville State University Extension Division

Early Childhood Education college credit course - Project staff assisted in designing and offering this course, which was given twice during the period of the Project and completed by approximately 50 staff members of centers in the county.

4. Fayetteville Vocational Technical School

Project assisted in teaching 20 students assigned through Vocational Rehabilitation, in a course on Early Childhood Education, and in placing students in local centers for their practicums.

5. Campbell Terrace Day Care

Project assisted the county in planning and opening a brand new county-operated facility in a housing project. Project staff provided pre-service training of staff.

6. County WIN Service Workers

Project held regular sessions with these workers to train them on child placement responsibilities.

7. Technical Assistance to Purchase of Care Facilities

Project assisted operators of programs on budget preparation, purchasing, obtaining USDA food subsidies, availability of films and books, personnel administration, creative materials and activities, coordination of volunteers and student interns, licensing inspections, utilization of community resources, planning and executing field trips, etc. The various types of technical assistance offered lightened and administrative load of the operators and enriched program content for the children.

8. Technical Assistance to Neighboring Counties

Project staff advised social service staff on day care matters in Orange, Johnston, and Robeson Counties.

9. Newsletter

Published a periodic newsletter for people interested in day care, announcing current events in centers, publicizing resources and pertinent events, and sharing successful ideas.

10. Community Organization

Helped, organized, and thereafter coordinated the Cumberland County Association for Children Under Six.

11. State and Regional Participation

Staff attended and participated in programs sponsored by State or regional groups on day care and early childhood. Examples are School Age Day Care workshop, Community College of Charlotte; Day Care Administration, N.C. Council of Churches, Goldsboro; Parent Involvement, N.C. Conference for Social Services, Winston-Salem; Rocky Mount workshop on Characteristics of Young Children; Ad Hoc Committee of Child Care Professionals in Child Care Services; and NACUS.

The film that was produced from the Cumberland County and Union County workshops on Playground Development is Playground, 16 mm. B & W, Sound, produced by Shadowstone Films, 1402 Duke University Road, Durham, N.C. 27701.

NORTH CAROLINA - UNION COUNTY

Community Contacts

Winchester Day Care Center and Training Site*

1. Resources Used by Winchester

High School Industrial Arts students
Girl Scouts and Boy Scouts
U. N.C. - Greenville, Infant and Toddler Program - staff training
Charlotte Speech and Hearing Clinic

*Not included in the listing are visits by Project personnel from other centers, nor training sessions attended exclusively by Winchester Day Care Staff. (These sessions were not included because they are ongoing staff development which takes place in all Project centers, and are not related to the objective for which a regional or state training site is established.)

Committee for the Blind
U.N.C. - Greenville, Workshop for Directors of Day Care
Local Health Department

2. Colleges and Schools Using Winchester for Student Training

Wingate College
Local high schools, classes in distributive education, child development and home economics
Pace students at N.Y.C.'s
Lenoir Rhyne College - Child Development classes
Central Piedmont College

3. Groups With Which Project Staff Has Been Involved Outside Center

High school and vocational education school classes on making equipment for day care
Red Cross Course (helped teach First Aid)
N.C. Council of Churches Task Force
Lions Club, Marshville
City Recreation Department
Community Action Advisory Board
County School Board
N.C. Association of Social Workers
Piedmont Association of Social Workers
SACUS
Piedmont Community College - curriculum planning, early childhood education program, and community workshops
State Council on Young Children

4. Visitors to Center for Observation

Marshville Baptist Church Center
Central Baptist Church - Indian Trail Center
Central Methodist Church Day Care Center
Robinson Chapel Day Care Center
Davidson College Presbyterian Day Care Center
Stanley County Day Care and Social Service Staff
Elizabeth Baptist Church Day Care Center
Fairfield Baptist Church Day Care Center
Weddington Methodist Church Day Care Group
Tabernacle Baptist Church Day Care Center
Chattanooga Day Care Services
Wingate Baptist Church Day Care Center
Rockingham Day Care Group
ARC - Wilkes County Day Care Center
Black's Memorial United Presbyterian Church Day Care Center
Dunn, N.C. City Council
Monroe Housing Authority

Union County Home Extension Staff
Public School Food Staff
Union County Commissioners
Union County Board of Social Services
Mary Reynolds Babcock Foundation
H U D representatives
Mecklenburg County Social Service Staff
Unionville Elementary School staff
Waxhaw Elementary School principal
U.N.C. - Greenville - Infant Toddler Program staff and students
City of Monroe mayor and city manager
Western Carolina University Child Development staff
State Fire Marshal
Dr. Uewellyn - Duke Hospital Psychiatrist
Food and Medicaid Services staff
Wingate Methodist Church group
Transylvania County Social Service staff
Charlotte 4-C's
Newton N.C. Day Care Center
Baptist Church - Elon College, Burlington, N.C.
Jackson County Model Child Development Center (W. N.C.)
Tabernacle Christian Day Care
Individual from Lancaster, S.C.
N.C. Commission on Christian Nurture, Task Force on Day Care
N.C. Council of Churches delegation
Baptist Church, Salem, N.C.

5. Workshops Sponsored by the Winchester Training Site

May, 1972	Playground Workshop
Sept., 1972	Speech and Hearing Workshop by Charlotte Speech and Hearing Clinic
March, 1973	Brainstorming and Planning Session on Training Priorities

SOUTH CAROLINA

Community Contacts

1. Community Resources

Housing Authority
Columbia Day Care Board
Public Careers Project
School Lunch Program - Commodities
Richland County Clinic for dental service
Local Police Department to visit children
Local Home Economist to help with menus

Richland Memorial Hospital
William Hall Psychiatric Institute
Red Cross first aid training
University of Tennessee - social service staff training
Health Clinic Immunization Team

2. Visitors and Volunteers

Spartanburg County Welfare Department and associated day care program
Winthrop College professor
First Presbyterian Church
Trinity Episcopal Church
Sertoma Club
University of South Carolina Volunteer Service
Forest Lake Presbyterian Church
Homemakers Club
United Methodist Church (sponsored Easter party for children)
Rosewood Baptist Church
Aiken County Day Care Project
Shandon Presbyterian Day Care Project
Richland County Welfare Department caseworkers
Morning Music Club (sponsored Christmas party for the children)
Girl Scout Troops
Vocational Rehabilitation clients
Lake Presbyterian Church

3. Educational Facilities and Other Institutions Using Center for Observation And Training

University of South Carolina Early Childhood Development and School of Nursing
Benedict College - Columbia, S.C.
Columbia Vocational-Technical School
Allen University
Columbia Mental Health Center
Volt Rehabilitation Midlands Center

4. Contacts with Other Community Groups

4-C's
OEO Local Action committee
Camp Fornance Urban Development Committee

TENNESSEE

Community Contacts

1. Community Resources

Lentz Clinic - hematocrit screening
State Department of Dental Health, and church member dentists - dental screening
Metro Health Department - heart function screening
Dede Wallace Mental Health Center - consultations on invididual children
Matthew Walker Health Center - educational programs for parents
Training and Rehabilitation Center - janitorial staff
Montessori and other local child development programs - for observation
Local Red Cross
Big Brother Association
Regional Intervention Project
Neighborhood Service Center
Follow Through Project
Urban Observatory
Vocational Rehabilitation Service
Senior Citizens Housing

2. Early Childhood Programs That Have Observed At Donner Belmont

Edgehill Community
Knoxville Central Baptist Day Care Center
Franklin, Tennessee delegation
Cookville Model Cities Program
Mrs. Clarice Cole, Smithville, Tennessee Program
Mayfield, Kentucky delegation
Cleveland, Tennessee delegation
MTSU Day Care Center
West Tennessee OEO
Tullahoma Day Care Center
Church of Christ Kindergarten
Metro Day Care Center Coordinator
Area Voc. Tech School Instructors
Blount-Monroe Head Start Group
Parris, Tennessee Day Care Center
OEO - N.W. Tennessee centers
Franklin, Tennessee Day Care Center
Humboldt, Tenn. Day Care Center
Hamilton County Head Start
Kingsport Head Start

Martha O'Brien Center
Litchfield, Kentucky Center
Anderson County Center
Meharry Family Day Home Project
Nashville Easter Seal Center
Harrison, Tenn. Center
The Children's Home, Chattanooga, Tenn.
N.W. Tenn. Center
Hixson First Baptist Church Kindergarten
Harpeth Presbyterian Church Kindergarten
Inglewood Baptist Church Kindergarten
Tenn. Baptist Convention Preschool Program
First Baptist Church Nursery School - Clarkesville
Knoxville Day Care Volunteers Program
Memphis, Tenn., Glen Park Kindergarten
Easter Seal Day Care Center
Appalachian Child Care Project
Little People's Day Home
Johnson City Head Start
Harreman Day Care Center
Union City Child Development Center
City Road Methodist Kindergarten

3. Other Agencies and Individuals Observing or Visiting Donner Belmont

Nashville Metro Public Schools
Atlanta Public School System
Methodist Board of Education
Dede Wallace Mental Health Center of Nashville
Maryland 4-C Coordinator, Dr. Norris Class
Dr. Betty Caldwell
Nashville Council of Community Agencies
Council of Jewish Women
Atlanta Head Start Curriculum Coordinator
Tennessee Department of Family and Children
interns, special projects director, and social service staff
Day Care and Child Development Council of Washington, D.C.
A Bolivian delegation
Mississippi Department of Public Welfare
Tennessee licensing workers from various areas
Ministerial intern assigned to Donner-Belmont Church
HEW Region IV licensing workers and staff
Tennessee Mental Health Division
British Infant School Director
Scarritt College Students
Red Cross Volunteers
An Alabama Head Start Director
Cook from Children's Center
Belmont College Students

Michigan State & University of Tennessee Students
NACW hosted by Center
Nashville Home Economics and Kindergarten Teachers
Mississippi Public Welfare Coordinator
Maryland 4-C Group
Radford College, Virginia
Tri-County Head Start, Md.
TACUS
John Williams - Washington Day Care Committee

4. Staff Participation

Legislative Task Force (to promote kindergarten in Tennessee, to pass comprehensive child development bill)
Workshop at Knoxville on Child Development - Knoxville Preschool Association
Seminar - Reelfoot Rural Ministry
Rutherford County Preschool Association
Peabody Early Childhood Classes
City Road Church Parents Group
Davidson County Legislative delegation to discuss day care
Delta Kappa Gamma

EXHIBIT V-2

MOBILE DAY CARE PROJECT VISITS

County.	Town
Adair	Columbia
Allen	Scottsville
Anderson	Alton, Lawrenceburg
Barron	Glasgow
Boyd	Ashland
Bullitt	Lebanon Junction, Maryville, Mt. Washington, Shepherdsville
Caldwell	Princeton
Calloway	Murray
Casey	Liberty
Christian	Hopkinsville
Clark	Winchester
Crittendon	Marion
Daviess	Owensboro
Fayette	Lexington
Fleming	Flemingsburg
Floyd	Prestonburg
Franklin	Frankfort
Graves	Mayfield
Hardin	Elizabethtown
Harrison	Cynthiana
Henry	Eminence, New Castle
Henderson	Henderson
Hopkins	Dawson Springs, Madisonville
Jefferson	Louisville
Jessamine	Nicholasville, Wilmore
Kenton	Covington
Knox	Barbourville
Laurel	London
Livingston	Smithland
Lyon	Eddyville, Kuttawa
Madison	Berea, Richmond
Marion	Lebanon
Mason	Maysville
Monroe	Tompkinsville
Muhlenberg	Central City, Greenville
Ohio	Hartford
Oldham	Crestwood, Lagrange, Pewee Valley, Worthington

Pendletown	Falmouth
Perry	Hazard
Pulaski	Somerset
Rowan	Morehead
Russell	Russell Springs
Scott	Georgetown
Spencer	Taylorsville
Trimble	Bedford
Todd	Elkton, Guthrie
Union	Morganfield, Sturgis
Washington	Springfield
Webster	Dixon, Providence, Sebree
Whitley	Corbin
Woodford	Midway, Versailles
51 Counties	69 Cities

EXHIBIT V-3

KENTUCKY PROJECT EVALUATION BY SOCIAL WORKERS

	GRAND TOTAL All Locations As of July 1, 1973	
1. Session Helpful:		
Yes	173	
No	9	
	Agree	
	Weak Ratings*	Strong Ratings*
2. Donner Sessions helpful in:		
A. Aiding clients to make good day care arrangements	47	101
B. Promote more good day care opportunities	42	112
C. Teach my clients	76	75
D. Understand child development	85	62
3. First Reasons Cited for Providing Day care for Families with Whom you Work:		
A. To aid development of deprived children	83	
B. To provide dependable day care for working mothers	64	
C. Other	29	

*Weak ratings for values 1-3 and strong ratings for values 4-6

	GRAND TOTAL July 1, 1973
4. Second Reasons Cited for Providing Day Care for Families:	
A. To aid development of deprived children	67
B. To provide dependable day care for working mothers	42
C. To supervise children	7
D. To provide social growth for children	14
E. Give mother more freedom for social and business reasons	15
F. Relieve tensions in home	16
G. To aid parent to understand children	6
5. Most Suitable Day Care Arrangement:	
Center	114
Family Day Care	39
Other	2
6. Length of Service as Caseworker:	
Less than 1 year	46
1 year - less than 3 years	43
3 or more years	41
7. Percent of Caseload With Child Care Problems:	
Less than 20 percent	35
20 percent - less than 79 percent	60
80 percent or more	22

APPENDIX A

NORTH CAROLINA EVALUATION OF FACILITIES

General Instructions to Rater:

Please note, on most items, the Evaluation Form requests that you rate on a scale from "1" to "5." In each instance, use "1" as the lowest or worst rating and "5" as the highest or best rating. Please circle the number which best describes your evaluation of that item.

Each center may have several separate rooms which serve as major housing for the children in the center. Please rate each room separately. Do not rate rooms to which the children do not usually have access, such as an office or a gym in the building which is not usually available for the children's use. The "Room Number" serves only as an identifying label for your use.

On any item, please add what seems important in your estimation. The items that are explicitly stated in no way imply completeness of all possible items and should not deter the rater from making additional evaluations.

On the last page, subjective, open-ended evaluation is requested on various components of the day care service being evaluated. If more space is needed, please continue on attached blank pages.

As a final step, please indicate the overall rating for this day care service on page 7 as either poor, fair or excellent by circling the one chosen.

EVALUATION OF FACILITIES

Room Number_____ Major Purpose of Room_____

Rate General Appearance of Room: 1 2 3 4 5 (cheerful, gay, dark, drab)

Number of Children in Room_____ Age Range_____

Number of Adults in Room When You Observed_____

Are There Any Obvious Hazards in Room (such as exposed heaters, splintered floors, broken sharp toys)? Please explain:_____

Room Number_____ Major Purpose of Room_____

Rate General Appearance of Room: 1 2 3 4 5 (cheerful, gay, dark, drab)

Number of Children in Room_____ Age Range_____

Number of Adults in Room When You Observed_____

Are There Any Obvious Hazards in Room (such as exposed heaters, splintered floors, broken sharp toys)? Please explain:_____

Room Number_____ Major Purpose of Room_____

Rate General Appearance of Room: 1 2 3 4 5 (cheerful, gay, dark, drab)

Number of Children in Room:_____ Age Range_____

Number of Adults in Room When You Observed_____

Are There any Obvious Hazards in Room(such as exposed heaters, splintered floors, broken sharp toys)? Please explain:_____

Room Number_____ Major Purpose of Room_____

Rate General Appearance of Room: 1 2 3 4 5 (cheerful, gay, dark, drab)

Number of Children in Room_____ Age Range_____

Number of Adults in Room When You Observed_____

Are There Any Obvious Hazards in Room (such as exposed heaters, splintered floors, broken sharp toys)? Please explain:_____

Bathroom Facilities

Are child-size toilets available?_____How many_____

If not, have other provisions been made for children's comfort, such as stepping stools, potty seats, etc.?_____

Are child-size sinks available?_____How many_____

If not, have other provisions been made for children's comfort, such as stepping stools, etc.?_____

Do you note any obvious hazards in bathroom area?_____If yes, describe:_____

Are cleaning supplies left in reach of children?_____ Is floor material of the type that can be kept clean easily?_____ In good condition?_____

Outdoor Play Area

Describe where it is, what type of surfacing, trees?_____

Is it fenced?_____What is approximate size?_____

Is play equipment of the type that is interesting to children?_____

Is there sufficient play equipment?_____

Does play equipment show imagination by staff in utilizing inexpensive materials to advantage?_____

Are there any obvious hazards in the outdoor area that should be corrected? Please explain:_____

Indoor Toys (include homemade and improvised toys)

You may not be able to see all toys available on visual display. Therefore, you may need to probe with staff. "What kinds of art activities have you been using in the last few weeks? Do the children like to play dress-up? What kind of dress-up do they enjoy?"

Rate the variety and attractiveness of the toys: 1 2 3 4 5

Toys	Variety	Attractiveness
blocks	_____	_____
cars, trucks, etc.	_____	_____
housekeeping toys	_____	_____
books	_____	_____
puzzles	_____	_____
musical toys	_____	_____
costumes	_____	_____
art materials	_____	_____

Rate visibility and accessibility of toys to children during free choice activity:

1 2 3 4 5

Rate ingenuity in using simple or readily available materials as toys and art materials: 1 2 3 4 5

Hours of Operation

What are regular hours of opening?_____Closing?_____

Comment on how you feel these hours meet needs of community_____

_____

Meals

What meals are served (please list):_____

What snacks are given?_____

Are meals served family style?_____Cafeteria style_____What other style?_____

Where does staff eat?_____With children, at tables with them_____

_____

Meals (continued)

Later?_____. Did you observe a meal?_____ If yes, did the children seem to enjoy the meal?_____

Was there conversation between staff and children at meal time?_____

Naps

What provisions are made for children to sleep (on cots, cribs, etc.)?_____

What covers?_____sheets?_____towels?_____

Mats with their names?_____Please explain:_____

_____

How are cots stored when not in use?_____Are they identified as belonging to individual children?_____If yes, how?_____

Did you observe nap time?_____Does an adult stay in the room?_____.

Transportation

How do the children reach the Center?_____If parents bring children, does parent come into Center?_____Is there any specific arrangement on this?_____

Is transportation provided by Center?_____What type of vehicle?_____

Does vehicle belong to day care program?_____Who rides besides the driver?_____How many fit into the vehicle?_____How many ride the vehicle?_____Does the Center have available the telephone number of every mother or other person to notify in case of emergency?____

Does the Center have available the services of a doctor or other facilities in case of a medical emergency?_____Does the center have consent slips on each child to obtain emergency help?_____Does the Center have liability insurance on each child?_____Who pays for it?_____

Transportation (Continued)

Who is responsible for obtaining health examination for child (Parent or Center)?

_____What kind of system is maintained to keep current information on when a child is due to be immunized, etc.?_____

Does the Center have an Advisory Board?_____Does this Board include parents?__

_____How many?_____Does the Center employ a social worker?____

Does Center consult with caseworker from other agency on other than intake problems?

_____ _____ _____

Program and Activities

Is there some degree of regular schedule of activities during the day?_____

As far as you can determine, indicate whether the daily schedule often includes the following, then indicate whether it occurred when you observed. If so, rate 1,2,3,4, or 5, as to the degree in which children seemed to be involved or interested in the activity rated.

Activity	Daily Schedule Usually Includes	Observed	Rating, If Observed
Supervised Free Play (inside)			
Supervised Free Play (outside)			
Sports (outside)			
Teacher Directed Activity:			
a. reading a book			
b. art activity			
c. verbal activity			
d. music activity (singing, rhythm, etc.)			

What field trips have children taken during the past six months?_____

Staff Evaluation

Please rate the staff in general on each of the following as 1, 2, 3, 4, or 5.

Item	Rating
Degree of warmth of staff toward children	_____
Degree of involvement and interest shown by staff in carrying out activities and program	_____
Amount of conversation with children as a group by teachers and other staff	_____
Amount of interaction of staff with children on free play activities	_____
Degree of interest demonstrated by staff toward individual parents (if such encounters were noticed during the day)	_____
Degree of positive reinforcement and approval used by staff in handling children	_____
Degree of constructive supervision of children by staff members	_____

Communication With Parents

When does staff communicate individually with parents? _____

Do parents stop or come in when they bring children to Center? _____

Are conferences scheduled with parents? _____

Does Center hold parents' meetings? _____ Parent socials? _____

Other communication with parents' group? _____

Total Staff for All Shifts

Job Title	Approximate Educational Background of Individual Job
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Total Staff for All Shifts (Continued)

5. _____ _____

6. _____ _____

7. _____ _____

8. _____ _____

9. _____ _____

10. _____ _____

Comments on Facilities: _____

_____

_____

_____

_____

Comments on Program: _____

_____

_____

_____

_____

Comments on Staff: _____

_____

_____

_____

_____

Comments on Overall Effects for Children: _____

_____

_____

_____

_____

Comments on Parent Involvement: _____

_____

_____

_____

_____

Overall Rating of This Center (on all aspects)

My general impression of this Center and program is:

Poor

Fair

Excellent

APPENDIX B

RATING FORM FOR SCHOOL-AGE CHILDREN IN DAY CARE
(Repeat after six months - after school)
(Repeat after two months - summer)

Name of Child _____ Date of Birth _____

Date of Enrollment in Day Care _____ Date of Rating _____
Mo. Day Yr.

Rater's Name _____ Position _____

Please evaluate the child carefully on each of the following items and indicate appropriate answer. "Not applicable" should be used only in instances where the item does not seem pertinent to the child. For example, where a child is brought by bus to the Center instead of walking, promptness does not depend upon his own volition.

	Usually Yes	Usually No	Not Applicable
1. Child arrives at Center promptly if he comes on his own from home or school	_____	_____	_____
2. Child executes short errands to a nearby store or returns books to a library if this is the policy of your program	_____	_____	_____
3. Child may be depended upon to perform responsibilities or chores he has been assigned	_____	_____	_____
4. Child has made friends or formed an attachment to one or two children in the day care program	_____	_____	_____
5. Child is able to make his own purposeful choice of activity when given an opprotunity to use his time according to his own wishes	_____	_____	_____
6. Child perseveres in his chosen activity for a period of time	_____	_____	_____

7. Child is helpful to younger children in the program	_____	_____	_____
8. Child participates in group sports or games	_____	_____	_____
9. Child may be taken on outings or field trips without causing undue disturbances	_____	_____	_____
10. Child enjoys reading	_____	_____	_____
11. Child enjoys a craft or art activity	_____	_____	_____
12. Child shows pride in some of his accomplishments	_____	_____	_____
13. Child is well liked and accepted by his peers	_____	_____	_____
14. Child has a positive self-concept	_____	_____	_____
15. Child exhibits curiosity and interest in the world around him	_____	_____	_____
16. Child has improved his skill in some sport or activity	_____	_____	_____
17. Child can accept discipline from a familiar adult	_____	_____	_____
18. Child seeks adult help when needed	_____	_____	_____
19. Child is inappropriately dependent on adults	_____	_____	_____
20. Child is able to function as a member of a team in games or activities	_____	_____	_____
21. Child volunteers help and offers to do something related to the chores or activities of the program	_____	_____	_____
22. Child stands up for his own rights and does not permit other children to constantly take advantage of him	_____	_____	_____

Please study the following check list of characteristics and traits and check those which you think are usually applicable to or describe this child:

Double check the ten that seem most strongly applicable

1. Hyperactive	____	21. Lies	____
2. Tells truth	____	22. Good vocabulary	____
3. Bullies younger children	____	23. Persistent	____
4. Clumsy	____	24. Well coordinated	____
5. Friendly	____	25. Fearful	____
6. Steals things	____	26. Affectionate	____
7. Spontaneous	____	27. Ambitious	____
8. Speaks clearly	____	28. Destructive	____
9. Resents authority	____	29. Fair	____
10. Timid	____	30. Self-confident	____
11. Selfish	____	31. Thoughtful	____
12. Immature speech	____	32. Aggressive	____
13. Lazy	____	33. Pleasant	____
14. Exaggerates	____	34. Easily distracted	____
15. Cheerful	____	35. Responsible	____
16. Slow moving	____	36. Kind	____
17. Loses things	____	37. Prone to temper tantrums	____
18. Hositle	____	38. Cooperative	____
19. Sense of humor	____	39. Withdrawn	____
20. Helps younger children	____	40. Whines	____

Comments about child _____

_____

_____

_____

_____

_____

Recommended activities or program emphasis _____

_____

_____

_____

_____

_____

On the basis of school reports or conferences, has the child showed any improvement in school work or behavior? _____

_____

_____

_____

_____

APPENDIX C

Southeastern Day Care Project

HEALTH AND DEVELOPMENT RECORD

(This section to be filled out by parent with help of Day Care Staff or Nurse)

Name of Child _____ _____ _____
(Last) (First) (Middle)

Address _____ _____ _____ _____
(Street) (City) (Route No.) (State) (Zip)

Date of Birth _____ _____ _____
(Month) (Day) (Year)

Place of Birth _____ _____
(Name of Hospital) (City and State)

Check here, if not born in hospital ☐ Delivered by: _____
(Specify doctor, midwife, or other)

Previous pregnancies before this child
Total No. _____ Miscarriages _____ Still births _____

Mother's health during pregnancy: Excellent ☐ Other (Describe) _____

Delivery: Normal ☐ Other ☐ (Describe) _____

Child's birth weight _____

Did baby arrive: On time ☐ Premature ☐ Late ☐

Illness or complication in newborn period: None ☐ Other ☐ (Describe) _____

DEVELOPMENTAL HISTORY

Compared with his brothers and sisters, and with other children his age, has this child been particularly early, average or late in:

	Early	Average	Late	Comments
Crawling, walking, running, and climbing	____	____	____	____
Talking	____	____	____	____
Playing with toys, household objects	____	____	____	____
Understanding what is said to him	____	____	____	____
Getting along with children his own age	____	____	____	____

CHARACTERISTICS AND TRAITS

(This page to be completed by mother with aid of Day Care Staff)

Does this child complain of, or demonstrate any of the following more severely or more frequently than most of his playmates or other children his age?

	Date		Date		Date		Comments
	Yes	No	Yes	No	Yes	No	
Temper tantrums							
Hyperactivity or restlessness							
Withdrawn							
Inactive or sluggish							
Tics or grimacing							
Clumsy							
Limp or abnormal gait							
Poor Coordination							
Spells of inattention or staring into space							
Headaches							
Eyes crossed							
Poor vision							
Red, runny or itching eyes							
Poor hearing							
Discharge or running from ear							
Unclear speech							
Skin rash							
Frequent scratching							
Sores on skin							
Pale or sallow skin							
Continuous runny nose							
Frequent nose picking or rubbing							
Cough							
Wheezing							
Short of breath with exercise							
Overweight							
Stomach aches							
Vomiting							
Frequent urination							
Wet pants							
Soils self with bowel movements							

Completed by: _____

Relationship: _____

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PHYSICAL HISTORY

(This section to be filled out by mother with help of Day Care Staff or Nurse)

Allergies

Does your child have allergies or reactions to foods, insect bites, or other substances? Yes____ No____ Describe fully: (Use additional page, if needed)

_____

_____

Has your child suffered from any reactions to medicines, such as penicillin, sulphur, or shots? Yes____ No____ Describe fully the medicine and the reaction:

_____

_____

_____

Illnesses

Has child had or does he now have:	Yes	No	Date	Describe details if any items checked "yes."
Measles (red)	___	___	_____	_____
Mumps	___	___	_____	_____
Chicken pox	___	___	_____	_____
Rubella (3-day measles)	___	___	_____	_____
Whooping cough	___	___	_____	_____
Seizures, fits or spells	___	___	_____	_____
Asthma	___	___	_____	_____
Rheumatic fever	___	___	_____	_____
Diabetes	___	___	_____	_____
Sickle cell anemia	___	___	_____	_____
Tonsillectomy	___	___	_____	_____
Any hospitalization	___	___	_____	_____
Exposure to tuberculosis or person with chronic cough	___	___	_____	_____
Frequent bedwetting NOW	___	___	_____	_____
Any other known chronic disease or handicapping condition	___	___	_____	_____
Other serious illness	___	___	_____	_____

Parental Illnesses

Check if either parent or close relative suffers from, or has suffered from:	Mother	Father	Other Close Relative
Diabetes	_____	_____	_____
Sickle cell anemia	_____	_____	_____
Seizures, fits or spells	_____	_____	_____
Tuberculosis	_____	_____	_____

IS THE CHILD PRESENTLY TAKING ANY KIND OF MEDICINE? Yes ____ No ____

If "yes," describe fully: _____

_____

IMMUNIZATION RECORD

(This section to be completed by mother with help of Day Care Staff or Nurse. Note date as best remembered if certain child had the immunization.)

Diphtheria-Pertussis-Tetanus (DPT)	Original Series	#1_____	#2_____	#3_____
	Boosters	#1_____	#2_____	#3_____
Polio		#1_____	#2_____	#3_____
Measles	Had Disease (needs no immunization)_____		#1_____	
Rubella (German or 3-day)	Had Disease_____		#1_____	

	1st Vaccination	Primary Take?	Revaccination #1	Take?
Smallpox	Date_____	Yes___No___	Date_____	Yes___No___

SCREENING TESTS

(This section is to be completed by nurse or technician. If abnormal, enter details under "Comments" and follow-up under "Progress Notes.")

	Date	Result	Comments
Tuberculin	_____	_____	_____
	_____	_____	_____

		Pass	Fail	
Vision Screening	_____	___	___	_____
	_____	___	___	_____
	_____	___	___	_____
	_____	___	___	_____
Auditory Screening	_____	___	___	_____
	_____	___	___	_____
	_____	___	___	_____
	_____	___	___	_____

		Hematocrit %	Hemoglobin mg/100ml	Stool Test for Ova and Parasites (To be performed where indications warrant this test.)
Blood Tests	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

		Alb.	Sug.	wbc	rbc
Urine Culture or Urinalysis	_____	___	___	___	___
	_____	___	___	___	___
	_____	___	___	___	___
	_____	___	___	___	___

Other Laboratory or Screening Tests:

Date	Type of Test	Results
_____	_____	_____
_____	_____	_____

Page 281 contain copyrighted material and is not available for ERIC reproduction. The chart, "Boys/Physical Development 1 to 18 Years," is copyrighted 1962 by Ross Laboratories, Columbus, Ohio.

Rapid or slow growth does not necessarily constitute abnormal growth. The rate of growth during the first six years "is associated with, but not specifically predictive of, size at maturity and timing of the adolescent growth spurt... During adolescence in particular, the departure of an individual from the usual range for children of the same age and sex may simply be an indication of normal variation in timing of the adolescent growth spurt."*

DATE	SEQUENTIAL FINDINGS AND TREATMENT	HEIGHT	WEIGHT

PHYSICAL EXAMINATION

Blood Pressure

Does the examination reveal any abnormality in:	Abnormal	Normal	Not Exam	Describe fully any abnormal findings
General appearance, posture, gait				
Speech				
Behavior during examination				
Skin				
Eyes: Externals				
Optic fundi				
Ears: External and canals				
Tympanic membranes				
Nose, mouth, pharynx				
Heart				
Lungs				
Abdomen (include hernias)				
Genitalia				
Bones, joints, muscles				
Neurological examination				
Other				

Teeth: Does this child need dental work? Yes ____ No ____

Comments _____

DEVELOPMENTAL SCREENING EXAMINATION

	Normal For Age	Other (Explain)	Remarks
Gross motor function			
Fine motor and manipulative functions			

SUMMARY OF FINDINGS, TREATMENTS, AND RECOMMENDATIONS

Abnormal Findings	Advice and Treatment Given	Recommendations or Further Evaluation, Treatment or Social or Educational Services

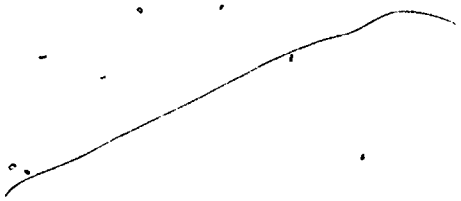
Should this child be restricted from any activities? _____ What activities? _____

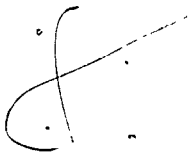
Signature of Physician Date

Name of Clinic or Health Center

PROGRESS NOTES

Name of Child





Southern Regional Education Board
Southeastern Day Care Project
130 Sixth Street, N. W.
Atlanta, Georgia 30313

APPENDIX D

PROBLEM-ORIENTED RECORDS

The problem-oriented record was designed to portray a running record of social work efforts to deal with family problems. One SDCP center social worker used the problem-oriented record. A sample of how she used this approach with the notations documenting her actions on each problem follows.

Her record gives a clear view of the family's problems and the actions she took to help the family. The problem-oriented record is a systematic approach by which social work efforts can be evaluated. The problem-oriented record demands that the social worker specifically detail problems and alternative actions to alleviate them. Some social workers produce case records which relate a lot of historical matter but which do not end with problem identification and prescription. The SDCP's review of records suggests the problem-oriented record materially aids the social worker in pinpointing family problems and appropriate actions.

ACTION AND REFERRAL LOG

Client's Name	Child's Name	Program's Name	Social Worker's Name

Date of Initial Interview	Family's Problems (Including those on which no immediate action is possible)	Action or Referral	Date	Outcome of Action or Referral
2-26-71	(1) Mother desires to take sewing lessons	(1) Refer to T.O.P.	(1) 3-1-71	lessons available only from 2-5 p.m.
2-26-71	(2) Father with T.B. known to visit home	(2) Check to see if regular visit to health department	(2)5-4-71	Next appt. 6-71
2-26-71	(3) Sister, Mary, Needs psychological attention	(3) Refer again to psych. clinic	(3)5-4-71	Mother is reluctant
	(4) Home infested with bugs	(4) insecticide suggested	(4) 4-71	insecticide used
	(5) Larger house needed	(5) Refer to Fed. Projects	(5) 4-71	No housing available
	(6) Mother needs to be more interested in school	(6) Counsel		
	(7) All children need toothbrush	(7) Counsel & Check to see if free toothbrushes can be obtained	(7) 4-71	The children have tooth-brushes

FOLLOW-UPS

Client's Name _____ Social Worker's Name _____

Date(s)	Problem and current status of problem	Action or Referral	Date	Outcome of Action or Referral
8-6-71	(3) Mary needs psychological assistance	(3) Taken to Psych. Clinic	(3)8-25-71	Report received from clinic, indicating impulsivity, hostility toward males, depression
10-2-71	(1) Sewing lessons needed but mother has learned well on her own		(3)9-23-71	referred to juvenile court and court caseworker
10-2-71	(2) Father with T.B. continues to visit home. Mother is taking children for regular T.B. tests	(2) Continue to check clinic visits		
10-2-71	(3) Mary still needs psychological help, but is keeping psych. appts. Juvenile court caseworker working on case.	(3) Counsel		
10-2-71	(4) Home is still slightly infested with bugs	(4) Counsel		
10-2-71	(5) Larger house continues to be needed but mother seems to like location now has	(5) Counsel		
10-2-71	(6) Mother seems more interested in school - still needs counseling	(6) Counsel		
10-2-71	(7) Toothbrushes no longer a problem			

APPENDIX E

Southern Regional Education Board

SOUTHEASTERN DAY CARE PROJECT

KENTUCKY PROJECT EVALUATION FORM

This brief questionnaire is designed to help us determine whether or not the Kentucky project sessions on day care which you have attended are meeting the objectives for which they were held. You would help us tremendously by carefully considering these questions and answering them as freely as possible. PLEASE USE THE ATTACHED SELF-ADDRESSED ENVELOPE, AND RETURN THE QUESTIONNAIRE TO US AS SOON AS POSSIBLE. YOU DO NOT HAVE TO SIGN YOUR NAME.

CHECK THE ANSWER THAT APPLIES:

1. Generally, I consider the Kentucky Project Session(s) I attended to be:
   _____helpful to the work I perform
   _____not helpful

IF YOU ANSWERED "NOT HELPFUL" PLEASE SKIP TO QUESTION 3

2. Please indicate the extent to which you agree with each of the following statements. Write a number from 1 through 6 next to each statement--use 1 to indicate weakest agreement, and 6 for strongest agreement.

   What I heard at the Kentucky Day Care Project session will help me:

   _____in aiding my clients to make good day care arrangements for their children.

   _____to promote more opportunities for good day care for children in this community.

   _____to teach clients to improve the way they care for their children.

   _____to personally understand how a child develops.

3. What do you consider to be the most important reason for providing day care for children of the families with whom you work?

4. What do you consider to be the second most important reason for providing day care for children of the families with whom you work?

5. Of the following day care arrangements, which do you feel is generally the most suitable for the majority of your clients and their children?

____ day care center (facility which serves seven or more children)

____ family day care home (care of child in private home serving no more than six children)

____ Other--please specify the "other" arrangement _____

6. Which Kentucky Project session(s) did you attend? (Indicate date and time.)

Date _____ Time _____

Date _____ Time _____

7. Please give your evaluation of the session(s) you attended. (Use back if you need more space.)

PLEASE ANSWER THE FOLLOWING IF YOU ARE A CASEWORKER IN DCW OR DES:

8. How long have you been a caseworker? _____

9. Approximately what percentage of the families in your caseload have child care needs? _____

THANK YOU FOR YOUR COOPERATION.

PLEASE USE THE ATTACHED SELF-ADDRESSED ENVELOPE AND RETURN THIS QUESTIONNAIRE TO US.

APPENDIX F

SOUTHEASTERN DAY CARE PROJECT PUBLICATIONS

1. The Southeastern Day Care Project: Its Philosophy and Objectives
2. Day Care Is... (Statement of objectives, specifically designed for parents.)
3. Evaluating Children's Progress, A Rating Scale for Children in Day Care
4. Planning Playgrounds for Day Care
5. How To Do Day Care: Some Shared Experiences

Bulletins

No. 1 Income Tax Deductions for Family Day Care Homes

No. 2 An Issue in School-Age Day Care

No. 3 A Cost Analysis System for Day Care Programs

No. 4 Problems on Licensing Family Day Care Homes

No. 5 Fees and Costs of Family Day Care Mothers

No. 6 Highlights From a Workshop on Family Day Care

No. 7 Southeastern Day Care Project Rating Forms

No. 8 The Role of The Social Worker in a Day Care Program

No. 9 Infant Progress on Developmental Objectives